

For Volunteer Office
Use Only
Check Completed _____
Entered _____

Citrus County School District's Volunteer Program
1007 West Main Street
Inverness, FL 34450

Volunteer _____
Mentor _____
Volunteer Coach _____

Volunteer Application

Page 1 Personal Information

(Please Print - Use Pen Only)

Name: _____
First Middle Last (Maiden Name, if applicable)

Social Security Number: _____ Date of Birth: _____

Gender: _____ Place of Birth: _____

Physical Address: _____

City: _____ Zip Code: _____

Mailing Address (If different): _____

City: _____ Zip Code: _____

Telephone (Home): _____ (Cell or Business) _____

EMAIL Address: _____

Second Language: (Please list) _____

Do you have children/grandchildren in Citrus County Schools? Yes _____ No _____

If yes, please list their name(s), school(s) and teacher's name(s): _____

Emergency Contact Person: _____ Telephone: _____

Please list health condition(s) that may require emergency treatment: (e.g. diabetic, heart condition): _____

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Training Date: _____ School Placement (Please list all schools): _____

Referring Organization/Agency: (RSVP, Take Stock In Children, Master Gardeners, Big Brothers Big Sisters, Jr. Achievement, etc) _____

Copy of Driver's License on File: _____ Background Check/Fingerprinting Completed: _____

School Notification Completed: _____ Identification Badge: _____

School Board Approval Date: _____ District Coordinator's Signature: _____

Placement Data

(Please Print– Use Pen Only)

Please share information regarding your preferences for your volunteer experience. This information will be shared with the school in which you have chosen to volunteer.

School/Site(s) Preferred: _____

Volunteer Preference(s): (Please circle all that apply)

I prefer working with: Individual Students Small Groups Entire Class

I prefer to work: Not directly with Students

I prefer to volunteer: Days/Hours Preferred: _____

I prefer to volunteer by working in/as: Cafeteria Classroom Office
Media Center Tutor Tech Lab Other _____

List Subject Area Preferred (if any): _____

Security Questions:

In order to be considered for volunteering in the Citrus County School District, a criminal history check will be conducted. You must answer all background information. Acknowledgement of a prior arrest and/ or conviction will not automatically disqualify you from consideration for volunteering. However, your omission of any criminal history information may subject you to disqualification. Any false statement knowingly made in this application is grounds for disqualification to volunteer in the Citrus County School district for a minimum of one year.

- 1) In relation to a criminal offense (including dismissed or dropped, military and juvenile arrests/charges); have you ever (been):
 - Arrested
 - Charged
 - Convicted
 - Pled nolo contendere (no contest)
 - Had a record sealed or expunged
 - Placed on probation
 - Enrolled in a pretrial diversion program
 - Had adjudication withheld in a criminal offense, felony or misdemeanor

YES_____ NO_____

If you answered yes to question 1 on page 2, please fill in boxes below and attach documentation showing arrest report, final disposition, proof of completed probation, etc.:

Date (mm/yyyy)	Location	Actual Charge & Statute #	Level of Charge	Disposition/Outcome

- 2) Are you currently being investigated for any criminal offense, other than a non-criminal or minor traffic violation?
 YES_____ NO_____
- 3) Have you ever had a report of child abuse or sexual activities involving a minor filed against you or been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect where cause was found?
 YES_____ NO_____

If you answered yes to question 2 or 3, in the space below please provide an explanation. You must attach all corresponding documentation when submitting your application. Applications without documentation will not be accepted.

(Note: Any and all criminal history documents provided to or acquired by the Citrus County School Board during the volunteer application process are considered property of CCSB and will not be returned or produced to the applicant.)

A copy of your current Driver's License MUST be attached to this application in order to complete the process. All applications MUST be returned signed and dated.

- I hereby certify that each answer is true and correct
- I understand that any incomplete or false information furnished by me may subject me to disqualification.
- I understand after the dated/signed application that it is my responsibility to report within 48 hours of an arrest or new charge as it may or may not have an adverse effect on my volunteer status (Human Resources, 352-726-1931 ext. 2730).
- I understand that failure to report will be an automatic decline for that school year.
- I understand that any information submitted on this application is public record.
- I understand that the School Administrator has the final authority over the selection of volunteers.

 Signature of Applicant

 Date