



2011-2012 Volunteer Application

School District of Manatee County



Personal Information		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	
Last, First, Middle Name:			
E-mail Address:			
Home Phone:		Cell Phone:	
Address:		City:	State: Zip:
DOB: (mm/dd/yyyy) / /		Driver's License#:	
S.S.#	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Any physical limitations: Y / N Indicate	
Hobbies, Interests, Special Skills?		Language Spoken Other Than English:	
		Language Written Other Than English:	
		<input type="checkbox"/> I am a SDMC Employee. Work Location:	
Employer:		Work Phone:	
Employer's Address:		City:	State: Zip:
Volunteer Information	School Preference:		
Teacher Preferred:		Preferred Grade Level:	
Type of Work Preferred:			
Do you have a child/children at this school? Y / N If so, provide their name and grade level: Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - List _____			
Student's Name: (First and Last)		Grade:	Teacher:
Indicate most convenient time: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>			
Criminal Offense Review:	Have you been convicted or found guilty of a criminal offense in a court of law? Y / N		
Are you currently serving probation, parole, or community service as part of a court-ordered sentence and/or disposition? Y/ N			
If you answered yes to the questions above in the criminal offense review, you must list on the reverse side of this form, date of arrest or charge, location/arresting agency, specific offense and disposition.			

2011-2012 Volunteer Application Agreement



My signature below certifies that I have read, understand, and agree to strictly abide by the Volunteer Policy and Procedures of the School District of Manatee County as set forth in the Volunteer Application & Information Guide. My signature below also certifies that I have provided the School District of Manatee County with accurate information. I understand that failure to provide accurate information and failure to adhere to the School District of Manatee County's Volunteer Policy and Procedures may result in my application being denied and any and all volunteer privileges immediately revoked.

Applicant's Signature:

Print

Name: _____

Date: _____

In case of an emergency who may we contact on your behalf:

Name: _____ Phone: _____

Relationship to you: _____

Name of School Personnel Processing Application:

Print

Name: _____

School: _____ work extension _____

Attention - Volunteer Coordinators:

Keep signed original of completed application and signature page.

Please provide a copy to the prospective volunteer.