

# SCHOOL VOLUNTEER APPLICATION FORM

Applicant name		Last		First		Middle	
Address		Street		City		Zip	
Date of Birth				Phone #			
Reference		Name		Address		Phone #	

## EDUCATION

Last grade of school completed: \_\_\_\_\_

Major area of study or training: \_\_\_\_\_

## WORK EXPERIENCE

	Company	Type of Job	Number of Years
Present			
Previous			

When are you available to serve?

Days:     Monday     Tuesday     Wednesday     Thursday     Friday

Times: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Preferred grade Level:     Elementary     Middle     High

What type of service are you interested in performing?

- |   |   |
|---|---|
| <input type="checkbox"/> Arts & Crafts Assistant<br><input type="checkbox"/> Audio Visual Assistant<br><input type="checkbox"/> Classroom Teacher Assistant<br><input type="checkbox"/> Clerical or Office Assistant<br><input type="checkbox"/> Clinical Assistant<br><input type="checkbox"/> Counselor Assistant<br><input type="checkbox"/> Storyteller/Book Reader<br><input type="checkbox"/> Language Arts/Reading Tutor<br><input type="checkbox"/> Library Assistant<br><input type="checkbox"/> Listener<br><input type="checkbox"/> Math Tutor<br><input type="checkbox"/> General School Aide | <input type="checkbox"/> Physical Education Assistant<br><input type="checkbox"/> "English as a Second Language"<br><input type="checkbox"/> Community Resource Volunteer<br><input type="checkbox"/> School Bus Aide<br><input type="checkbox"/> Special Activities Volunteer<br><input type="checkbox"/> Exceptional Education Assistant<br><input type="checkbox"/> Florida Licensed Health Practitioner Volunteer<br><input type="checkbox"/> Other (Specify) _____<br>_____<br>_____ |
|---|---|

# AFFIDAVIT OF GOOD MORAL CHARACTER

Full Legal Name: (Please Print) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Volunteer Assignment Location: \_\_\_\_\_

Have you ever been arrested, found guilty, or entered a plea of nolo contendere (no contest) to any crime other than a minor traffic violation? (DUI is not considered a minor traffic violation and must be listed.) An answer is required regardless of whether adjudication was withheld or the charges were dismissed by the court, and regardless of whether or not those records have been sealed or expunged. If you check the YES box, you must give complete information for each charge below:

PLEASE CHECK ONE:       Yes                       No

City Where Arrested	State	Date Arrested	Charges	Disposition

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sexual Predator/Offender Screening**  
**Office Use Only. To Be Completed By School Personnel.**

Section 943.043 Screening Completed Date: \_\_\_\_\_

Information Verified By: (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_