

School Volunteer Registration Form

Completion of this form is **required** for a volunteer to be eligible for insurance coverage for accidents which occur while performing assigned school volunteer activities.

PLEASE PRINT: School: _____ Date: _____

(Ms./Mrs./Mr.) Last Name _____ First Name _____ Initial _____ Maiden Name _____

Mailing Address _____ City/State _____ Zip Code _____ How Long? _____

Previous Address _____ City/State _____ Zip Code _____

Home Phone _____ Business Phone _____ FL Driver License # or Valid Picture Identification _____

Date of Birth: _____ Age Group (Please Circle One): Student (20 and Under) Adult (21 to 49) Senior (50+)

Health restrictions, if any: _____

Emergency Contact Name and Phone: _____

Have you ever been convicted of a felony or a first degree misdemeanor? Yes _____ No _____

If yes, what charge, where convicted, and date of conviction? _____

As a volunteer, I agree to abide by the rules and policies of the School Board of Indian River County, Florida and Florida state laws including Sunshine and Public Records laws. I have received, read and understand School Board Rules in regards to School volunteer program and I agree to abide by all provisions of that rule, including the requirement that I maintain strict confidentiality with information to which I have access while performing my duties. I also understand that all personally identifiable information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher. I hereby authorize the School Board of Indian River County to undertake a background check with the Florida Department of Law Enforcement, the Federal Bureau of Investigation, the Florida Crimes Information Telecommunications Network, the National Crime Information Center, and/or any registry of information maintained regarding abandonment, abuse, or neglect to which the School Board has access. My signature on this form is deemed to constitute consent and notification that a background check or search MAY be conducted as authorized above.

Applicant Signature Required _____ Date: _____

Volunteer Placement Information

Grade Level(s) Preferred: _____

Setting Preferred: One-to-One _____ Small Group _____ Not Directly with Children _____

Job Categories: Please check all areas below that interest you.

Classroom Assistant _____ Tutor _____ Mentor _____ Media Aide _____ Computer Lab _____ Math _____ Clerical _____

Special Needs Students _____ Clinic _____ Reading _____ Art _____ Music _____ Band _____ Fundraising _____

Other: _____

Skills, Hobbies, Talents: _____

Indicate Second Language: _____

Approximate Days & Times Available to Volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

Are you currently volunteering at another school? Yes _____ No _____ Which one(s)? _____

Have you volunteered at another school in the past? Yes _____ No _____ Which one(s)? _____

If YES, approximately how many hours have you accumulated? _____