

Walton

COUNTY SCHOOL DISTRICT
VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

Assigned to: _____

Date checked against State of
Florida SO database: _____

Ms. _____
Mrs. _____
Mr. _____ Last First MI Phone _____

Address _____
Street No. City State Zip

Email _____

Check age category: under 21 21-61 62+

Do you speak a second language? _____ If yes, which language? _____

Please select from the following volunteer categories:

- General classroom Guest Speaker Computers/Technology Other _____
 Media/Library Classroom Assistant Tutor
 Clerical ESE Assistant Athletic*

Grade level you prefer: _____ Days & Times you are available: _____

*Do you have current CPR/First Aid certification? _____ If yes, expiration date: _____

*Do you currently have fingerprints on file with the Walton County School District Personnel Office? _____

Please indicate the school at which you will volunteer: _____

If you have school-age children, please complete the following:
(Please plan to be assigned to a classroom that does not include your child)

Name _____	Name _____	Name _____
Grade/Teacher _____	Grade/Teacher _____	Grade/Teacher _____
School _____	School _____	School _____

Current Employment

Employer: _____ Position: _____

Supervisor's Name: _____ Phone _____

Other work experience that would provide special skills or interests for working with students:
(Include an attached sheet if necessary)

Volunteer Experience

Kind of Service: _____ Organization: _____

Person to Contact in Emergency _____

Address _____ Phone _____

The information I have supplied on this registration is true and accurate. I understand that I must maintain strict confidentiality of student information and must be under direct teacher supervision while working with students. Additionally, I understand that I MUST attend the school or district Volunteer Training workshop.

Signature _____

Volunteer/Mentor Affidavit

Thank you for your interest in serving as a school volunteer or mentor. For the protection of our students, the Walton County School District requests a response from each school volunteer to the following items. Volunteers will be asked to complete a new Volunteer/Mentor Affidavit each school year.

1. I agree to acquire, read, and follow the guidelines included in the Walton County School District Volunteer or Mentor Handbook.
2. I, _____, as a participant in Walton County School District's Volunteer or Mentor Program, agree to keep strictly confidential any information to which I may have access concerning any and all students, thereby meeting the requirements of the Family Education Rights and Privacy Act.
3. I understand that as a participant in the Volunteer or Mentor Program that contact with students is only to take place while at school and/or during school-related activities. Any attempts to communicate or make contact with students by volunteers/mentors outside of school are strictly prohibited.
4. Equity Policy - Prohibiting Discrimination
 - a. It is the policy of the School Board of Walton County to offer students the opportunity to participate in appropriate programs, services and activities without regard to race, color, religion, sex, age, national or ethnic origin, political belief, marital status, parenthood, pregnancy, disability, sexual orientation, or social and family background.
 - b. Students, while they are in school or participating in school-related activities, are entitled to an environment free of discrimination and/or harassment by other students or adult employees or volunteers. Students should not be subjected to nor should they subject others to:
 - i. Slurs or innuendoes about any characteristics listed in a. above;
 - ii. Any activity or talk related to a. above that creates an offensive educational environment or unreasonably interferes with the individual's school performance or participation in educational opportunities;
 - iii. Sexual advances, requests for sexual favors, or physical conduct of a sexual nature.
 - c. All employees and volunteers are expected to work with other employees, to teach students, and to supervise or to be supervised in their work by other employees without regard to race, color, religion, sex, national or ethnic origin, age, marital status, or disability.
5. Drug Free Workplace
 - a. The school district complies with the Drug Free Workplace Act of 1988 to maintain a drug-free workplace. The "workplace" shall be defined by US Code and Code of Federal Regulations - as emended from time to time.
 - b. Each employee and the public is hereby notified by this policy that the unlawful manufacture, dispensing, possession, distribution, and use of a controlled substance or alcohol is strictly prohibited at any and all work sites or work related functions or as a part of any school activity, or any function held on school board property.
6. I am aware that, for the protection of students, the Walton County School District requires and conducts FDLE Sexual Predator checks on all volunteers. National and Florida Department of Law Enforcement background checks are conducted on all school mentors and spot background checks on school volunteers. In addition, volunteer coaches and overnight chaperones will be fingerprinted. I hereby approve of such a check on my background.

7. Have you ever been convicted of, pleaded guilty to, pleaded nolo contendere (no contest) or had adjudication withheld for a crime constituting a felony or any act involving moral turpitude?

Yes No

If you answered "Yes" to the above, do you think that act would reduce your effectiveness as a volunteer? Please explain, or if preferable, make a conference appointment with the principal:

8. References: Please list two persons whom you have known for at least one year:

Name: _____ Phone: _____

Name: _____ Phone: _____

My notarized signature below indicates that I agree to statements 1-6 and that the information provided on statements 7 and 8 is correct.

Volunteer's Signature _____

Full Name (please print) _____

Address _____

City, State & Zip _____

Home Phone # _____ Emergency Phone # _____

Date of Birth _____ Place of Birth _____

Color of Eyes _____ Color of Hair _____ DL# _____

State of Florida
County of Walton

The foregoing instrument was acknowledged before the _____ day of _____ 20____

By _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Notary Public

(Notary Seal)

**This individual is recommended for appointment as a school volunteer. **

School Administrator's Signature

School