SCHOOL YEAR: _____

SCHOOL: _____

LEVEL 1 (RAPTOR ONLY): _____

LEVEL 2 (RAPTOR/FDLE): _____

FORM #270

REV. 7/25/11

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA

SCHOOL VOLUNTEER REGISTRATION FORM

COMPLETION OF THIS FORM IS REQUIRED TO VOLUNTEER IN THE MARTIN COUNTY SCHOOL DISTRICT

MS.
MRS. _____ MALE / FEMALE
MR.

LEGAL LAST NAME | LEGAL FIRST NAME | MIDDLE INITIAL | MAIDEN NAME

_____

STREET ADDRESS | CITY | STATE | ZIP CODE | HOW LONG?

_____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY | STATE | ZIP CODE

_____ _____ _____

HOME PHONE | ALTERNATE PHONE | EMAIL ADDRESS | DATE OF BIRTH

ETHNIC ORIGIN: ___ AFRICAN AMERICAN/BLACK ___ AMERICAN INDIAN/ALASKAN NATIVE ___ ASIAN/PACIFIC ISLANDER ___ CAUCASIAN/WHITE ___ HISPANIC ___ OTHER _____

AGE GROUP: ___ AGE 20 AND UNDER ___ AGE 21 TO 61 ___ AGE 62+

HEALTH RESTRICTIONS, IF ANY: _____ EMERGENCY CONTACT AND PHONE: _____

HAVE YOU EVER BEEN ARRESTED? ___ YES ___ NO IF YES, PLEASE EXPLAIN _____

PLEASE INDICATE AFFILIATION(S), IF ANY:

___ BIG BROTHERS BIG SISTERS ___ BOYS & GIRLS CLUB ___ FOSTER GRANDPARENTS
___ H.O.S.T.S ___ TAKE STOCK IN CHILDREN ___ MARTIN VOLUNTEERS/RSVP
___ MARTIN COUNTY SCHOOL DISTRICT EMPLOYEE - LOCATION _____

___ I WANT TO BE RECOGNIZED AS A BUSINESS PARTNER. PLEASE CONTACT ME AT _____

___ YES, I CURRENTLY VOLUNTEER AT ANOTHER SCHOOL IN THE MARTIN COUNTY SCHOOL DISTRICT. WHICH SCHOOL(S)? _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING SETTING(S), AND UNDERSTAND THAT A BACKGROUND CHECK MAY BE REQUIRED TO DO SO.
___ ONE-ON-ONE ___ SMALL GROUP ___ CHAPERONE SCHOOL-SPONSORED TRIPS ___ NOT DIRECTLY WITH STUDENTS

AS A VOLUNTEER, I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA AND FLORIDA STATE LAWS, INCLUDING SUNSHINE AND PUBLIC RECORDS LAWS. I HAVE RECEIVED, READ, AND UNDERSTAND SCHOOL BOARD RULE 9300 SCHOOL VOLUNTEER PROGRAM, AND I AGREE TO ABIDE 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 MARTIN COUNTY TO UNDERTAKE A BACKGROUND CHECK WITH THE FLORIDA DEPARTMENT OF LAW ENFORCEMT, 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.***

X _____

APPLICANT'S SIGNTURE REQUIRED TO VOLUNTEER | DATE

STUDENT VOLUNTEERS: GRADE _____ CLUB OR ACTIVITY _____

NAMES/GRADES OF CHILDREN IN SCHOOL: _____

_____

.....

FOR OFFICE USE: VOLUNTEER PLACEMENT(S) _____

LEVEL 2/FDLE BACKGROUND CHECK COMPLETED _____ COMMENTS _____

WHITE: SCHOOL ***YELLOW: VOLUNTEER***

AN EQUAL OPPORTUNITY AGENCY