

**PINELLAS COUNTY SCHOOLS  
VOLUNTEER REGISTRATION FORM**

All school volunteers must complete this registration form to volunteer in PINELLAS COUNTY SCHOOLS. Please PRINT legibly and complete the entire form, both front and back. For your safety, and that of our students, a **BACKGROUND CHECK** will be completed on all volunteers. A complete registration form with an original signature and a copy of your legal/government issued photo ID, must be kept on file. **PLEASE ATTACH A COPY OF YOUR LEGAL/GOVERNMENT ISSUED PHOTO ID.**

LEGAL NAME as it appears on your photo ID \_\_\_\_\_  
 \_\_\_\_\_ LAST NAME FIRST NAME MIDDLE NAME ANY OTHER NAMES EVER USED

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ **GENDER**  Male  Female **DATE OF BIRTH** \_\_\_\_\_  
 \_\_\_\_\_ MONTH MONTH DAY DAY YEAR YEAR

**RACE**  
 Asian  Hispanic  Native American  White  
 Black  Multiracial  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_ STREET APT# CITY STATE ZIP

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

School where you will be volunteering: \_\_\_\_\_

Other schools where I have volunteered (& when): \_\_\_\_\_

Have you ever attended our mentor training class?  No  Yes When? \_\_\_\_\_

Are you currently a student in a Pinellas County School?  No  Yes Where? \_\_\_\_\_

Are you currently an employee in Pinellas County Schools?  No  Yes Where? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Days & Times Available to Volunteer: \_\_\_\_\_

**Do you have a child/children attending this School?**  No  Yes

CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE

**I am interested in the following placements:**

Tutor  Exceptional Education  PTA/SAC  Clerical/Office  
 Mentor  Media Center  Fundraising  Booster: \_\_\_\_\_  
 Classroom Assistant  Field Trips  Special Events  Other: \_\_\_\_\_

**Career/Volunteer Experience/Talents/Languages/Skills/Hobbies**

\_\_\_\_\_

**VOLUNTEER ELIGIBILITY GUIDELINES**

**NOT ACCEPTABLE TO VOLUNTEER WHEN CONVICTED OF:**

Felony crimes of violence, felony sale of controlled substances, felony sexual related crimes, lewd and lascivious crimes, indecent exposure crimes and felony child abuse crimes.  
 IF APPLICABLE, DO NOT COMPLETE OR PROCESS THIS FORM.  
 VOLUNTEER STATUS CANNOT BE APPROVED.

**NOT ACCEPTABLE TO VOLUNTEER IF CONVICTION WAS WITHIN THE LAST 10 YEARS:**

Other felony crimes and any other misdemeanor crimes of sexual nature, or misdemeanor crimes related to children.  
 WILL CONSIDER AND CAREFULLY REVIEW IF CONVICTION WAS BEYOND 10 YEARS.

**NOT ACCEPTABLE TO VOLUNTEER IF CONVICTION WAS WITHIN THE LAST 5 YEARS:**

Misdemeanor drug crimes, misdemeanor crimes of violence, misdemeanor crimes involving weapons.  
 WILL CONSIDER AND CAREFULLY REVIEW IF CONVICTION WAS BEYOND 5 YEARS.

**REFER TO COMMUNITY INVOLVEMENT FOR APPROVAL:**

- Other misdemeanors
- Multiple arrests
- Offenses which are directly related to duties and responsibilities of the particular assignment

**For the purposes of these volunteer guidelines, criminal convictions mean a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of nolo contendere, the imposition of a deferred or suspended sentence by the Court, adjudication withheld, a finding of guilt, a plea of no contest or pre-trial intervention.**

**PLEASE COMPLETE AND SIGN BELOW**

**Falsification or Omission on this official public document is a criminal offense and can be prosecuted.**

Have you ever been ARRESTED, or CHARGED with a criminal felony or misdemeanor? \_\_\_ No \_\_\_ Yes

If Yes → Have you completed a Volunteer Criminal Offense Review form in the past two years?

- \_\_\_ No You must complete a Volunteer Criminal Offense Review form.  
 \_\_\_ Yes When? \_\_\_\_\_

↓ Have you been arrested or charged with a criminal offense since you last filled out a Volunteer Criminal Offense Review form?

- \_\_\_ No  
 \_\_\_ Yes You must complete a Volunteer Criminal Offense Review form.

Do you agree to maintain CONFIDENTIALITY of student's information? \_\_\_ No \_\_\_ Yes

**By signing below, I agree to the rules and regulations of the volunteer program and that any product produced while a volunteer shall be the property of the School Board (a work for hire). I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. FALSIFICATION OR OMISSION ON AN OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE AND CAN BE PROSECUTED, AND MAY CONSTITUTE GROUNDS FOR DISQUALIFICATION FROM BEING A VOLUNTEER.**

**X**

\_\_\_\_\_  
 VOLUNTEER SIGNATURE

\_\_\_\_\_  
 DATE

**FOR SCHOOL USE ONLY**

Name and date of birth verified by: \_\_\_\_\_ NAME \_\_\_\_\_ Copy of legal/government issued photo ID attached

Volunteer interviewed by: \_\_\_\_\_ NAME \_\_\_\_\_ FDLE check completed by \_\_\_\_\_ NAME \_\_\_\_\_

Volunteer placement: \_\_\_\_\_

School Name: \_\_\_\_\_ Staff Supervisor: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

**PINELLAS COUNTY SCHOOLS  
VOLUNTEER CRIMINAL OFFENSE REVIEW**

Pinellas County Schools has a responsibility to its students, staff and visitors. In this regard, all individuals seeking full or part-time employment positions and all individuals desiring volunteer assignments on our campuses (our facilities) are required to complete a criminal history document. Pinellas County Schools reserves the right to refuse employment and volunteer assignments to individuals convicted of offenses pursuant to FSS 112.011. In the space provided please list all charges of a criminal offense, whether adjudicated guilty or not, and whether the offense occurred in Florida or in another state. Include all convictions of criminal traffic offenses such as DUI, driving with a suspended license and careless or reckless driving. Also include any sealed or expunged convictions and any convictions or confirmations of child abuse. In completing this public document please understand Pinellas County School's sincere concern for the safety of its students, staff and visitors.

Please show date of arrest or charge, the town, city, state where it occurred, the arresting agency, the specific offense and the disposition of the case (dropped, paid fine, guilty, nolo contendere, adjudication, PTI, not guilty, etc.)

	DATE OF ARREST OR CHARGE	LOCATION/ ARRESTING AGENCY	SPECIFIC OFFENSE	DISPOSITION
1.				
2.				
3.				
4.				

**PLEASE PRINT**  
 FULL NAME: \_\_\_\_\_ MAIDEN/OTHER NAME(S) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
MO DAY YEAR

ADDRESS \_\_\_\_\_

How long have you lived in Pinellas County? \_\_\_\_\_ years/ months (circle one)

VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE #: \_\_\_\_\_

**SCHOOL TO COMPLETE THIS SECTION:** \_\_\_\_\_

Comment:

**\* NOT TO BE PLACED UNTIL BACKGROUND CHECK PROCESS IS COMPLETE.**

School's Name: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

White – Area Volunteer Program Coordinator

Yellow – School