

Hillsborough County Public Schools

2010 - 2011 Volunteer Application

Please complete application fully, and return to:

The school where you will be volunteering

SOP ___ Date ___ Initial ___
HCSO ___ Date ___ Initial ___
DOC ___ Date ___ Initial ___

- SERVE Big Brothers Big Sisters of Tampa Bay Hillsborough Foundation

LEGAL Name Last First Middle Name (Not initial) Maiden Name

Home Address Number and Street City State Zip How long?

Previous address if less than 5 years

Name & Address of Employer How long?

Telephone (Home) (Business)

(Fax) E-mail Address

Social Security No. Date of Birth Occupation

Do you have a student in Hillsborough County schools? School(s)

Student's Name

Grade(s) Teacher(s)

Are you a student? Yes No School:

- Gender: Female, Male
Ethnic Origin (Optional): African American, Hispanic, Caucasian White, Asian/Pacific Islander, American Indian/Alaskan Native, Other
Volunteer Category: Tutor, Classroom Helper, Chaperone - Day, Other, Chaperone - Overnight, Mentor*
Marital Status: Married, Single, Widowed, Separated
School you prefer: Grade level you prefer:

Highest Level of Education Completed:

Special skills, languages or hobbies:

* If you plan to Mentor, please complete page 2.

I understand that I am offering my services to the Hillsborough County Public School System without compensation. I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer. I agree, if I am a volunteer, to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes and the School Board of Hillsborough County.

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation? Yes No If Yes, Please provide a brief explanation on a separate sheet of paper.

Would you agree to an employer/criminal background check? Yes No

SIGNATURE OF VOLUNTEER APPLICANT: DATE

Hillsborough County Schools Volunteer Application

Page 2

References: Please list four persons who know you well and would be in a position to evaluate your qualifications and ability to be a mentor. Do not list relatives, significant others or those you have known less than two years. One of the references should have known you for at least five years and the others for at least two years. If you have been employed at your current place of employment for at least six months, list your supervisor as one of your references.

1. _____

 () () ()
Name Address
Telephone: Home Work Fax Years known

2. _____

 () () ()
Name Address
Telephone: Home Work Fax Years known

3. _____

 () () ()
Name Address
Telephone: Home Work Fax Years known

4. _____

 () () ()
Name Address
Telephone: Home Work Fax Years known

List previous work with youth or other volunteer activities:

Have you ever applied to become a mentor before? If yes, When? _____
 Where? _____ With whom? _____

<p>FOR OFFICE USE ONLY: _____ New Volunteer _____ Returning Volunteer</p> <p>Background Check: <input type="checkbox"/> N/A <input type="checkbox"/> Record Found <input type="checkbox"/> No Record</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>School # _____ Name _____</p> <p>Interview by _____</p> <p>Was this a district office referral? Yes _____ No _____</p> <p>Volunteer placed? Yes _____ No _____ Date _____</p> <p>Training provided by: _____</p> <hr/> <p>Volunteer withdraw/Termination Date _____</p> <p>Reason: _____</p>
