

School District of Hillsborough County

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 \_\_\_

- Big Brothers Big Sisters of Tampa Bay Hillsborough Education Foundation

SERVE

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 Hills.Co schools? School(s)

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 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 Statues 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

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**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? \_\_\_\_\_**

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