

The School Board of Broward County, Florida  
Volunteer Application

*Please Print*

**PERSONAL INFORMATION**

Ms.  
Name: Mrs. \_\_\_\_\_  
Mr. \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
Home Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (St) (Zip)  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Employer: \_\_\_\_\_  
Residence:  Permanent  Seasonal From \_\_\_\_\_ To \_\_\_\_\_ Transportation Available?  Yes  No  
(Month) (Month)

If you have lived at your present address less than three years, how long at previous address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (St) (Zip)

Schools where you volunteered while living at this address (indicate names and years): \_\_\_\_\_

**Notify in Emergency:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Career/Volunteer Experience: \_\_\_\_\_

Languages, Skills and Hobbies: \_\_\_\_\_

Full names, grades and teacher or homeroom of children in this school, if any: \_\_\_\_\_

Volunteer Experience in Broward Schools (indicate schools and years): \_\_\_\_\_

Education: \_\_\_\_\_ Age Range:  Under 21  21-49  50 Plus

**VOLUNTEER PLACEMENT REQUEST**

Grade/Level

Preferences:	Indicate Volunteer Job Preference(s):	Indicate School Preference(s):
<input type="checkbox"/> Pre-K	1. _____	1. _____
<input type="checkbox"/> K-2	2. _____	2. _____
<input type="checkbox"/> 3-5	3. _____	3. _____

<input type="checkbox"/> 6-8	Days(s) and Time(s) available:	M	T	W	Th	F
<input type="checkbox"/> 9-12	Number of hours weekly:					
<input type="checkbox"/> Adult	_____					

**(For School/District Use Only)**

Orientation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School/Teacher Placement: \_\_\_\_\_

# The School Board of Broward County, Florida

## Guidelines for Volunteers

Your interest and concern for students have motivated you to volunteer in Broward County Public Schools. Thank you. This is a valuable, challenging and rewarding role.

To make your experience as a school volunteer a beneficial one for the students and for you, please follow these guidelines as you help in the schools.

1. Your main concern while engaged in school activities should be the safety and education of all students.
2. You must not give medication to students.
3. You must not discuss individual student's grades, records and abilities. This is personal and confidential information protected by Florida Statute 228.093.
4. You may not supervise a classroom or discipline student(s). These are the responsibilities of the teacher and school.
5. You will be assigned only to staff members requesting help.
6. You should set a good example for students by your manner, appearance and behavior.
7. You must complete an application form **annually** before helping in a school.
8. You must sign in and out of a school.
9. You must wear a name badge for identification, when helping with school activities.

## Security Background Information

Student and staff safety are a priority for Broward County Public Schools, therefore, the following questions must be answered truthfully. Your omission of any criminal history pertinent to the three numbered questions below will result in the immediate end to your involvement with students until further notice.

- Yes  No  1. **Have your EVER BEEN convicted of child abuse, incest, lewd and lascivious action, pornography, or other sexual offense?**
- Yes  No  2. **Within the last five (5) years, have you been convicted of the sale or possession of drugs, drug paraphernalia or other drug related offenses?**
- Yes  No  3. **Within the last five (5) years, have you been convicted of assault, battery, or other violent crime?**

By signing this document, I certify I have read and fully understand both the Guidelines for Volunteers and the Security Background Information sections. I further state that all information is true and accurate.

**By my signature, I understand that the Broward County School Board reserves the right to check the criminal background of volunteers and I give my permission to conduct any investigation necessary to verify all information identified on this form.**

I understand that my involvement with the Broward County School District may be terminated with or without cause at the discretion of the principal. By my signature, I certify that I know, understand and agree that any false statement or omission of information requested will result in the immediate end to my involvement with students in Broward County Public Schools.

**As a volunteer, I agree to abide by the policies of The School Board of Broward County, Florida.**

Social Security Number \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please Print Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School review: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_  Principal District review: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: Somerset Academy  Administrator By: \_\_\_\_\_  
(Please Print)