



New Volunteer Application

(Individuals who are new to the school or who need to be entered in the system)

| PASQUINATTI |

Information you provide in this application is public record subject to release upon request to any member of the public

Section 1 - Personal Information

Full Name _____ Previous Address _____
 Address _____ (If less than 3 yrs.) _____
 City, State, Zip _____ Primary Phone _____
 Drivers' License/ State ID# _____ Secondary Phone _____
 Drivers' License Issue/Expiration Date _____ Email Address _____
 Date of Birth _____

Section 2- Employment

Are you currently employed? _____ Employer _____
 Occupation or Retired _____ Employer's Address _____
 Highest Education Level _____ City, State Zip _____
 Telephone _____

Section 3- Volunteer Preference

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Committees (PTA/PTO/SAC) |
| <input type="checkbox"/> Individual Tutoring | <input type="checkbox"/> Clerical/Office Assistant | <input type="checkbox"/> Athletic Events |
| <input type="checkbox"/> Small Group Tutoring | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Athletic Programs |
| <input type="checkbox"/> Cafeteria Monitor | <input type="checkbox"/> Media Assistant | <input type="checkbox"/> Other _____ |

Section 4- Parent/Guardian

Are you a parent/guardian of a School District of Lee County student? _____

If you are a parent /guardian of a School District of Lee County student please complete the following information:

Child's Full name _____
 Name of School _____
 Grade _____

Section 5- Statement Verification

Have you ever been convicted, pled no contest to, or had adjudication withheld in a criminal offense other than a minor traffic violation or are there any criminal charges now pending against you? (Note: Operating a vehicle while intoxicated is not considered a minor traffic violation.) Yes ___ No ___

I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I understand that misrepresenting the information may disqualify me from volunteering. I understand that I have no legal right to volunteer. I understand that the school administration maintains the right to place and dismiss volunteers. In order for The School District of Lee County to complete the processing of volunteer applications, I understand a Sexual Offender and Sexual Predator Search will be conducted and, if needed, a criminal background check may be completed. With limited exceptions, the information you provide in this application is public record subject to release upon request to any member of the public. Chapter 119, Florida Statutes.

Applicant Signature: _____ Date: _____

Please return completed application to the school where you would like to volunteer.



Returning Volunteer Application

| PASSIONATE |

Information you provide in this application is public record subject to release upon request to any member of the public

Section 1 - Personal Information

Full Name _____ Previous Address _____
Address _____ (If less than 3 yrs.) _____
City, State, Zip _____ Primary Phone _____
Email Address _____ Secondary Phone _____
Date of Birth _____

Section 2- Statement Verification

Have you ever been convicted, pled no contest to, or had adjudication withheld in a criminal offense other than a minor traffic violation or are there any criminal charges now pending against you? (Note: Operating a vehicle while intoxicated is not considered a minor traffic violation.) Yes No

I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I understand that misrepresenting the information may disqualify me from volunteering. I understand that I have no legal right to volunteer. I understand that the school administration maintains the right to place and dismiss volunteers. In order for The School District of Lee County to complete the processing of volunteer applications, I understand a Sexual Offender and Sexual Predator Search will be conducted and, if needed, a criminal background check may be completed. With limited exceptions, the information you provide in this application is public record subject to release upon request to any member of the public. Chapter 119, Florida Statutes.

Applicant Signature: _____ Date: _____

Please return completed application to the school where you would like to volunteer.