



School District of Manatee County

2019-2020 Volunteer Application

District Use Only

Approved

Denied

Personal Information		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.				
Last Name:		First Name:		Middle Name:		
E-mail Address:						
Home Phone:			Cell Phone:			
Address:			City:	State:	Zip:	
DOB: (mm/dd/yyyy) / /			Driver's License#:			
Field Trip Chaperone: Y / N		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Any physical limitations: Y / N Indicate		
Overnight Field Trip Chaperone: Y / N						
Hobbies, Interests, Special Skills?		Language Spoken Other Than English:				
		Language Written Other Than English:				
		<input type="checkbox"/> I am a SDMC Employee. Work Location:				
Employer:				Work Phone:		
Employer's Address:			City:	State:	Zip:	
Volunteer Information		School Preference:				
Teacher Preferred:				Preferred Grade Level:		
Type of Work Preferred:						
Do you have a child/children at this school? Y / N If so, provide their name and grade level:						
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - List _____						
Student's Name: (First and Last)			Grade:	Teacher:		
Indicate most convenient time: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
Criminal Offense Review:		Have you been convicted of, had adjudication withheld in, pled nolo contendere to, completed a pre-trial intervention program or been found guilty of a criminal offense in a court of law? Felony Y / N Misdemeanor Y / N				
Are you currently serving probation, parole, or community service as part of a court-ordered sentence and/or disposition? Y / N						
If you answered yes to the questions above in the criminal offense review, you must list on the reverse side of this form, date of arrest or charge, location/arresting agency, specific offense and disposition. This information is required for further review.						

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By signing, I agree to abide by the policies and/or procedures of the School District of Manatee County. I understand that the district / school reserves the right not to place me or to discontinue the use of my services as a volunteer.

Applicant's Signature: _____

Print Name: _____

Date: _____

I have read the **Volunteer Information Guide**.

In case of an emergency, who may we contact on your behalf:

Name: _____ Phone: _____

Relationship to you: _____

Name of School Personnel Processing Application:

Print Name: _____

School: _____ Work Extension: _____

Attention - Volunteer Coordinator:

Keep signed original application and signature page.

Please provide a copy to the prospective volunteer.