Hillsborough County Public Schools
2011 - 2012 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 _____How long? ____
Number and Street City State Zip

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

Marital Status
- ❑ Married
- ❑ Single
- ❑ Widowed
- ❑ Separated

Ethnic Origin (Optional)
- ❑ African American
- ❑ Hispanic
- ❑ Caucasian White
- ❑ Asian/ Pacific Islander
- ❑ American Indian/Alaskan Native
- ❑ Other

Volunteer Category
- ❑ Tutor
- ❑ Chaperone – Day
- ❑ Chaperone – Overnight
- ❑ Mentor*
- ❑ Classroom Helper
- ❑ Other: _____

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 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 _____

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? _____

FOR OFFICE USE ONLY: _____ New Volunteer _____ Returning Volunteer
Background Check: ☐ N/A ☐ Record Found ☐ No Record
☐ Approved ☐ 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: _____