



Volunteer Application

2855 Colonial Blvd • Fort Myers, FL 33966 • Telephone: 239-334-1102

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

Full Name: _____ Drivers' License #: _____
 Address: _____ Gender: Female Male
 City: _____ Home Phone: _____
 Zip: _____ Cell Phone: _____
 Work Phone: _____
 Birth Date: _____ Email (Optional): _____

Emergency Contact: _____ Home Phone: _____
 Work Phone: _____

Personal and Reference Information

Educational Background: _____
 Occupation or Retired: _____
 Previous Volunteer / Mentor Experience: _____

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"/> Clerical / Office Assistant | <input type="checkbox"/> Committees (PTA / PTO / SAC) |
| <input type="checkbox"/> Individual Tutoring | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Athletic Programs |
| <input type="checkbox"/> Small Group Tutoring | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Assisting with Vocational Fields |
| <input type="checkbox"/> Cafeteria / Hall Monitor | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Judging for Competitions |
| <input type="checkbox"/> Media Assistant | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Other |

I am most comfortable with:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Math | <input type="checkbox"/> Science |
| <input type="checkbox"/> Music | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> P.E. | <input type="checkbox"/> Writing |
| | <input type="checkbox"/> Other _____ |

I prefer working with:

- | |
|---|
| <input type="checkbox"/> Pre-K / Kindergarten |
| <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle |
| <input type="checkbox"/> High |
| <input type="checkbox"/> Adult Education |

Zone Preference: East West South

Do you have preferred school(s)? _____

Do you have child(ren) in the school(s) of preference? _____

Teacher(s)/Grade(s): _____

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 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: _____



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OFFICE USE ONLY — SCHOOL YEAR*: _____
(FDLE must be checked each year.)

FDLE	http://www.flsexoffender.net/offender/homepage	Date	Checked By
		_____	_____
		_____	_____
		_____	_____
		_____	_____
Interviewed By	Comments	Date	Additional Screening Needed
			YES <input type="checkbox"/> NO <input type="checkbox"/>

*Returning volunteers are not required to complete a new application, unless required by the school.

Applicant Approved	
Principal	Date
School Volunteer Coordinator	Date
Volunteer Assignment: _____	

For assistance, please contact the SDLC Volunteer Coordinator

Revised 05/16