

# Hillsborough County Public Schools 2009 - 2010 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 \_\_\_\_\_

Number and Street                                      City                                      State                                      Zip                                      How long? \_\_\_\_\_

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: \_\_\_\_\_

<u>Gender</u> <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Ethnic Origin (Optional)</u> <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian White  <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other	<u>Volunteer Category</u> <input type="checkbox"/> Tutor <input type="checkbox"/> Classroom Helper <input type="checkbox"/> Chaperone - Day <input type="checkbox"/> Other: <input type="checkbox"/> Chaperone - Overnight <input type="checkbox"/> Mentor*
<u>Marital Status</u> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		<u>School you prefer:</u> _____ <u>Grade level you prefer:</u> _____

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 \_\_\_\_\_