



District School Board of Pasco County School Volunteer Application

MIS Form #621
Rev. 1/04

_____ - _____ **School Year**

Please Print (only one applicant per form)

Date of Registration _____ School _____

Social Security Number _____ - _____ - _____
Ms. _____
Mrs. _____
Mr. Last First Middle

Address _____
Number Street City State Zip

Telephone Number (_____) _____ Date of Birth ____/____/____ Sex ____ Race ____

Work Number (_____) _____ Cell Number (_____) _____ E-mail Address _____

Are you available to volunteer during the school day? **Yes** **No**

Are you a member of the RSVP Program? **Yes** **No**

Are you a staff/district employee? **Yes** **No**

Are you a mentor? **Yes** **No**

Do you have a child or grandchildren attending this school? **Yes** **No**

Grade _____ Name _____ Teacher _____

Grade _____ Name _____ Teacher _____

Grade _____ Name _____ Teacher _____

Falsification or Omission on the Application Form May Constitute Grounds for Dismissal. PERSONAL INQUIRY WAIVER

Do you agree to maintain **CONFIDENTIALITY** of student information? **Yes** **No**

Have you ever been charged, convicted, had adjudication withheld or entered a pretrial intervention program for a criminal charge, regardless if the charge was a misdemeanor or felony?

Yes **No**

Request for Local Law Enforcement Check for Pasco County School Board Volunteer

By signing below, I agree to the rules and regulations of the Volunteer Program. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully.

I hereby authorize the local Sheriff's Office to check any and all records pertaining to arrests, and for any law enforcement agency to release to the District School Board of Pasco County information regarding arrests under Florida Statutes or Statutes of other jurisdictions.

Applicant's Signature _____ Date _____

Sheriff's Office Use Only

The information stated at right was obtained through arrest records held by the local Sheriff's Office. Additional information may be available through the County Clerk's Office.

No local record found

Local record found

Comments _____

Prepared by _____ Date _____ Supervisor Review _____ Date _____

Please document the findings on this form and return the information to:
District School Board of Pasco County, Volunteer Program Office
7227 Land O' Lakes Boulevard, Land O' Lakes, FL 34638

Distribution:
White - District Volunteer Program Office
Canary - School Copy