

**THE SCHOOL DISTRICT OF LEE COUNTY  
VOLUNTEER APPLICATION**

**2016-2017**

The Sanibel School  
3840 Sanibel-Captiva Road, Sanibel, Florida 33957  
TELEPHONE 239-472-1617

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ age: \_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_

Email : \_\_\_\_\_

Drivers' License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Personal and Reference Information:**

Educational Background: \_\_\_\_\_

Occupation or Retired: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Previous Volunteer/Mentor Experience: \_\_\_\_\_

Civic/Community Organizations: \_\_\_\_\_

Personal Reference: (Non-Relative)

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**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, 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:  Reading  Writing  Math  Science  Social Studies  Music  Art  PE Other: \_\_\_\_\_

I prefer working with:  Pre-K and K  Elementary  Middle School  High School  Adult Education

Days Preferred:  M  T  W  TH  F and/or @ home \_\_\_\_\_ Hours Preferred:  A.M.  P.M.  evenings

Do you have a child(ren) attending this school?  Yes  No If yes:

Child's name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Child's name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Child's name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

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? Yes\_\_\_ No\_\_\_  
 (Note: Operating a vehicle while intoxicated is not considered a minor traffic violation.)

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. I will need to read and sign a privacy letter, submit a copy of my driver's license and sit in on a volunteer orientation class at the school I want to volunteer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY — SCHOOL YEAR: 2016-2017** \_\_\_\_\_  
**(FDLE must be checked each year.)**

		Date	Checked By
<b>FDLE</b>	<a href="http://www.flsexoffender.net/offender/homepage">http://www.flsexoffender.net/offender/homepage</a>	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
Interviewed By	Comments	Date	Additional Screening Needed
			YES___ NO___

<b>Applicant Approved</b>	
_____	_____
Principal	Date
_____	_____
School Volunteer Coordinator	Date
Volunteer Assignment: _____	