

School District of Hillsborough County Volunteer Application

SOP	_____	Date	_____	Initial	_____
HCSO	_____	Date	_____	Initial	_____
DOC	_____	Date	_____	Initial	_____
FDLE	_____	Date	_____	Initial	_____

Please complete application and return to: **Hillsborough Education Foundation**
2010 E. Hillsborough Ave., Ste 212
Tampa, FL 33610

Big Brothers Big Sisters of Tampa Bay Hillsborough Education Foundation SERVE

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 _____ Preferred place of Correspondence ___ Home ___ Work

Are you a student? Yes No School: _____

Social Security # _____ Date of Birth _____ Occupation _____

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

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 School District of Hillsborough County 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 Statutes 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 _____

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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? _____

<p>FOR OFFICE USE ONLY: _____ New Volunteer _____ Returning Volunteer</p> <p>Background Check: <input type="checkbox"/> N/A <input type="checkbox"/> Record Found <input type="checkbox"/> No Record</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>School # _____ Name _____</p> <p>Interview by _____</p> <p>Was this a district office referral? Yes _____ No _____</p> <p>Volunteer placed? Yes _____ No _____ Date _____</p> <p>Training provided by: _____</p> <hr/> <p>Volunteer withdraw/Termination Date _____</p> <p>Reason: _____</p>
