Volunteers within the Baker County School System are expected to adhere to the following guidelines:

1. Be willing to learn and accept supervision.
2. Volunteer for only the time you can expect to fulfill.
3. If you are going to miss a regularly scheduled session, call the school and leave a message.
4. Be punctual, sign in, wear your volunteer badge, and be sure to sign out.
5. Become familiar with school, classroom, and emergency procedures.
6. Be positive! Words are powerful.
7. Avoid disciplining any student. Refer problems to the staff.
8. Keep talking with the teacher to a minimum.
9. Do not criticize the school or teachers. If there is a misunderstanding, clear it by communication.
10. All volunteers should follow the school dress code.
11. The individual school principal and the school board or their designees will approve volunteer assignments.
12. Volunteers for field trips will not be allowed to take other children along who are not part of the school activity.
13. We are a drug free school district; smoking is strictly prohibited.
14. If any person should ask to take a child with whom you are working, you should direct that person to your supervisor or the office.

I have read, understand, and will follow the above rules.

__________________________________________________________________________  ______________
Volunteer’s Signature                                                              Date

Please read the following statement and verify your agreement by signing on the line below:

“I understand that in the course of my work (volunteerism) in this building, I will be exposed to information that is confidential in nature. I will not discuss any of this information with anyone, including members of my own family, outside this building. Additionally, I will not discuss this information in open environments during the regular school day and/or during school activities where the confidentiality of a situation may be jeopardized (teachers’ lounge, field trips, school programs, classroom parties, etc.).”

__________________________________________________________________________  ______________
Volunteer’s Signature                                                              Date
Thank you for your interest in serving as a volunteer. Please provide the necessary information needed for approval.

Last Name: _____________________________ First Name: ________________________________ MI: ____

Maiden/Previous Last Names: _____________________________________________________________________

Sex: ____ Date of Birth: _____________________

Mailing Address: ________________________________ Street/ P.O. Box  City State Zip Code

Home Phone __________________________ Work Phone __________________________ Cell Phone __________________________

Special Interests or Talents: _______________________________________________________________________

If you have children in the Baker County School System, please complete the following:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>School</th>
<th>Grade</th>
<th>Home Room Teacher</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

References: If you are employed, please list your employer as one reference. You may list school personnel (administrators, teachers, school staff) if you have known the person for at least one year.

1. Name: ___________________________________ Phone: ______________________________________

Mailing Address: __________________________ Street/ P.O. Box  City State Zip Code

Years Known: _____

2. Name: ___________________________________ Phone: ______________________________________

Mailing Address: __________________________ Street/ P.O. Box  City State Zip Code

Years Known: _____

Please check all of the following that are applicable.

I am completing this application in order to:

☐ Assist in the classroom.
☐ Attend field trips.
☐ Complete other school related activities (Book Fair, Field Day, etc.).
☐ Complete clerical assignments.
☐ PBS Store.

Please check all of the following that are applicable.

I am interested in volunteering at the following sites:

☐ Pre-K/Kindergarten Center
☐ Macclenny Elementary
☐ Westside Elementary
☐ Keller Intermediate School
☐ Baker County Middle School
☐ Baker County High School
☐ Southside Educational Center
☐ Family Service Center

MIS-L487
08-03-11
Please complete the following:

Your Name (Please Print)

Maiden/Previous Last Names

*Social Security Number

☐ Male ☐ Female

□ Male □ Female Race

Date of Birth

Home Phone

Work Phone

Cell Phone

Baker County School District

Volunteer Application

Pursuant to 1012.315 F.S., applicants having been convicted of a crime involving moral turpitude shall not be employed (volunteer) in any position requiring direct contact with students. Otherwise, an applicant shall not be disqualified from employment (volunteering) solely because of a prior conviction for a crime. Nevertheless, a person may be denied employment (volunteering) pursuant to 1012.32(2)(a) and 1012.465 F.S., by reason of a prior conviction if the crime was a felony or first-degree misdemeanor and directly related to the position of employment (volunteering) sought.

SCREENING: If multiple offenses, provide information about each offense on an additional sheet of paper.

Have you ever been arrested, convicted, fined, incarcerated (jailed), placed on probation and/or community control (house arrest), taken into custody by a law enforcement officer, participated in any type of pretrial intervention program, or had adjudication withheld, other than in a minor traffic violation? YES ____ NO ____

If yes, please complete the information requested below for each offense:

Offense _________________________ Name used by you at the time of offense _____________________________

Date of offense/arrest ______________ City/County/State _________________________________________

Date of conviction or disposition ___________________________

Level of conviction (felony or misdemeanor) ___________________________

Explanation of final disposition_________________________________________________________________

I hereby give the Baker County School Board authorization to run a check on my record with the Baker County Sheriff's Department/Florida Department of Law Enforcement (FDLE) and furnish the Baker County School Board with the same. I further agree that if any misrepresentation has been made by me, any offer of volunteer service may be withdrawn or my volunteer service terminated immediately without any obligation to me or liability to the Baker County School District. The Baker County School System reserves the right to terminate volunteers at any time.

Volunteer’s Signature: ___________________________ Date: _______________

Interview / Orientation ___/___/___ Placement (Area/Teacher) _________________________________

Vol. Coordinator has checked www3.fdle.state.fl.us/sexual_predators and KeepnTrack Software

Vol. Coordinator’s Signature: ___________________________ Date: _______________

Principal’s Signature: ___________________________ Date: _______________

Please check all of the following that are applicable. I am interested in volunteering at the following sites:

☐ Pre-K/Kindergarten Center ☐ Keller Intermediate School ☐ Southside Educational Center

☐ Macclenny Elementary ☐ Baker County Middle School ☐ Family Service Center

☐ Westside Elementary ☐ Baker County High School

*Your Social Security Number is collected to undergo background screenings as required under Florida Statute 1012.465.

CRIMINAL RECORDS CHECK

Date: __________________

No Record Found

MIS-L487

08-03-11