

School District of Indian River County  
School Volunteer Program  
6500 57<sup>th</sup> Street  
Vero Beach, FL 32967  
(772) 564-3000

## School Volunteer Registration Form

Completion of this form is required for a volunteer to be eligible for insurance coverage for accidents which occur while performing assigned school volunteer activities.

**PLEASE PRINT:**

School: \_\_\_\_\_

(Ms./Mrs./Mr.) Last Name	First Name	Initial	Maiden Name
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Mailing Address	City/State	Zip Code	How Long?
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Previous Address	City/State	Zip Code
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Home Phone	Business Phone	FL Driver License # or Valid Picture Identification
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Date of Birth: \_\_\_\_\_ Age Group (*Please Circle One*): Student (20 and Under)    Adult (21 to 49)    Senior (50+)

Health restrictions, if any: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Have you ever been convicted of a felony or a first-degree misdemeanor?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, what charge, where convicted, and date of conviction? \_\_\_\_\_

*As a volunteer, I agree to abide by the rules and policies of the School Board of Indian River County, Florida and Florida state laws including Sunshine and Public Records laws. I have received, read, and understand School Board Rules in regard to School volunteer program and I agree to abide by all provisions of that rule, including the requirement that I maintain strict confidentiality with information to which I have access while performing my duties. I also understand that all personally identifiable information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher. I hereby authorize the School Board of Indian River County to undertake a background check with the Florida Department of Law Enforcement, the Federal Bureau of Investigation, the Florida Crimes Information Telecommunications Network, the National Crime Information Center, and/or any registry of information maintained regarding abandonment, abuse, or neglect to which the School Board has access. My signature on this form is deemed to constitute consent and notification that a background check or search MAY be conducted as authorized above.*

Applicant Signature Required \_\_\_\_\_

\_\_\_\_\_ Date

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### Volunteer Placement Information

Grade Level(s) Preferred: \_\_\_\_\_

Setting Preferred:    One-to-One \_\_\_\_\_    Small Group \_\_\_\_\_    Not Directly with Children \_\_\_\_\_

Job Categories:    Please check all areas below that interest you.

Classroom Assistant \_\_\_\_\_ Tutor \_\_\_\_\_ Mentor \_\_\_\_\_ Media Aide \_\_\_\_\_ Computer Lab \_\_\_\_\_ Math \_\_\_\_\_ Clerical \_\_\_\_\_

Special Needs Students \_\_\_\_\_ Clinic \_\_\_\_\_ Reading \_\_\_\_\_ Art \_\_\_\_\_ Music \_\_\_\_\_ Band \_\_\_\_\_ Fundraising \_\_\_\_\_

Other: \_\_\_\_\_

Skills, Hobbies, Talents: \_\_\_\_\_

Indicate Second Language: \_\_\_\_\_

Approximate Days & Times Available to Volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Name of School Principal or designee (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Principal or designee