



**ORANGE COUNTY PUBLIC SCHOOLS**  
**ADDitions School Volunteer**  
**2004-2005 Application**

*Achieving Educational Excellence Together*

**Community Resources**

445 West Amelia Street  
 Orlando, Florida 32801

[volunteer.ocps.net](http://volunteer.ocps.net)

Phone: 407.317.3323 • Fax: 407.317.3395

**Items with an “\*” are REQUIRED.** Please print in **black or blue ink**, or type.

<b>Personal Information</b>		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	
*Last, First, and Middle Name:		Suffix: (Jr., Sr., III, etc.)	
E-mail Address:		Home Phone #:	
*Mailing Address: (P.O. Box/Street, City, State, Zip)			
*Physical Address: (Street, City, State, Zip)			
*DOB: (mm/dd/yyyy) / /		Driver's License #:	*S.S. #:
*Passport/Visa ID #: (If not a U.S. citizen)		*Race/Ethnic Origin: <input type="checkbox"/> American Indian/American Eskimo <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Other _____ Note: Racial/Ethnic information used for statistical reporting.	
*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Health (any physical limitations): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate:		
Education (Highest Grade Completed): <input type="checkbox"/> Associates <input type="checkbox"/> Current OCPS Student or <input type="checkbox"/> Private Student <input type="checkbox"/> Bachelors                      *School Name: _____ <input type="checkbox"/> Educational Leadership        *Provide Student ID #: _____ <input type="checkbox"/> Masters <input type="checkbox"/> Elem. <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Post Sec. <input type="checkbox"/> Doctorate <input type="checkbox"/> Current College Student: <input type="checkbox"/> Other <input type="checkbox"/> Rollins <input type="checkbox"/> SCC <input type="checkbox"/> UCF <input type="checkbox"/> VCC <input type="checkbox"/> Other _____		Hobbies/Interests/Special Skills:	
Language Spoken Other Than English:		Language Written Other Than English:	
Employer:			
Employer's Address: (Street, City, State, Zip)		Work Phone #:	

<b>Volunteer Information</b>			
*School Preference 1:	*Preferred Grade Level to Work With:	*Type of Work Preferred:	
Do you have a student attending <b>this school</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide their name and grade level:	Student's Name: (First and Last)	Grade:	Teacher:
Relationship: <input type="checkbox"/> parent <input type="checkbox"/> step-parent <input type="checkbox"/> legal guardian <input type="checkbox"/> grandparent <input type="checkbox"/> aunt <input type="checkbox"/> uncle <input type="checkbox"/> other			
Indicate the day(s) and time(s) most convenient to your schedule: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su ____ a.m. ____ p.m.			
How often are you willing to serve in the volunteer program? <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> occasionally <input type="checkbox"/> other: _____			
*School Preference 2:	*Preferred Grade Level to Work With:	*Type of Work Preferred:	
Do you have a student attending <b>this school</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide their name and grade level:	Student's Name: (First and Last)	Grade:	Teacher:
Relationship: <input type="checkbox"/> parent <input type="checkbox"/> step-parent <input type="checkbox"/> legal guardian <input type="checkbox"/> grandparent <input type="checkbox"/> aunt <input type="checkbox"/> uncle <input type="checkbox"/> other			
Indicate the day(s) and time(s) most convenient to your schedule: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su ____ a.m. ____ p.m.			
How often are you willing to serve in the volunteer program? <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> occasionally <input type="checkbox"/> other: _____			

<b>Mentor/Tutor Information</b>	
Would you be interested in being a mentor/tutor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," have you been a mentor/tutor in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
As a mentor/tutor, in which subject do you feel most competent? <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	
Is there any area in which you definitely do not wish to work?	

**SAFETY INFORMATION**

To become an Orange County Public Schools volunteer, a criminal history check may be conducted. A prior criminal record may or may not result in your disqualification for volunteering, but a **failure to disclose your record** on the application **WILL disqualify** you from volunteering.

*In Florida, the **entire arrest record** is revealed to school districts by the Florida Department of Law Enforcement and/or FBI, including "sealed" or "expunged records," and military court proceedings." (Factors such as age at the time of the offense, type of offense, remoteness of the offense in time and rehabilitation will be considered when determining the suitability for volunteering.)*

**FLORIDA LAW REQUIRES THAT YOU MUST DISCLOSE this information even if you have been told differently by a lawyer, judge, or other third party or law enforcement individuals. All criminal history must be provided regardless of the number of years since the arrest.**

Safety 1 - *Have you ever been convicted or found guilty as a juvenile and/or an adult of a <u>felony</u> offense? (DUI and DWI convictions must be reported)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 1a - *Have you been convicted or found guilty (as a juvenile or an adult) of a <u>misdemeanor</u> ? (DUI and DWI convictions must be reported)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 1b - *Have you been convicted or found guilty (as a juvenile and/or an adult) of an offense but you are not sure if the level is a misdemeanor or felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 1c - *Have you ever (as a juvenile and/or an adult) at any time been confirmed as a <u>child abuser</u> by any agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 2 - *Have you been arrested within the past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 3 - *Are you currently on probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 4 - *Have you ever entered a nolo contendere or no contest plea in a criminal proceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 5 - *Have you ever had a criminal record sealed or expunged?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 6 - *Have you ever (as a juvenile and/or an adult) had adjudication withheld in a criminal <u>felony</u> offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 6a - *Have you ever (as a juvenile and/or an adult) had adjudication withheld in a criminal <u>misdemeanor</u> offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 7 - *Are there any felony or misdemeanor charges currently pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 8 - *Have you ever been imprisoned or jailed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 9 - *Have you ever been convicted in a military court proceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 10 - *Have you ever (as a juvenile or an adult) at any time been enrolled in a pretrial diversion/pretrial intervention program, teen or drug court program; or juvenile program? (Please be advised that your response to this question includes the requirement to list participation in any Court ordered, approved or authorized program, or participation in any other alternative program for violation of any law, including but not limited to Teen or Drug Court or juvenile program.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 10a - *Do you currently have a court ordered injunction filed against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 11 - *Have you ever paid a fine? (Other than a non-criminal traffic ticket or library fine)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 12 - *Have you ever had a teaching certificate revoked, put on probation or disciplined?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 13 - *Have you ever been dismissed from an OCPS position or had a teaching certificate revoked, suspended or denied?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 14 - *Have you ever been disciplined as an educator?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 15 - *Have you ever had a criminal offense occur outside the state of Florida?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety 16 - Have you ever (as a juvenile and/or an adult) been arrested or charged for any criminal offense where charges were withdrawn, dismissed, dropped, or not prosecuted?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If answer is "yes" to any of the above safety questions, please provide information below (If additional space is needed, attach a separate sheet to this application:**

Date (mm/yyyy)	City, County, State, Country	Nature of Charge	Level of Offense	Disposition/Outcome

**If answer is, "yes" to any of the above safety questions; attach court documents, police report and a detailed letter of explanation (use a separate sheet of paper).**

I understand that I am offering my services to the Orange County Public Schools without compensation. Once I become an OCPS volunteer, I agree 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, Florida State Board of Education, and the School Board of Orange County, Florida. **My signature below certifies that I agree to the above provisions and have reviewed the criminal offense statement and have provided correct information.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

School Coordinator Use Only				
School #:				School Name:
<input type="checkbox"/> <b>Yes, Type of volunteer work mandates a background check: (check all that applies)</b> <input type="checkbox"/> Tutor <input type="checkbox"/> Mentor <input type="checkbox"/> Overnight chaperone <input type="checkbox"/> Criminal History or <input type="checkbox"/> <b>Yes, background check requested, not mandatory</b>				
Coordinator Name:				
Program Name:				
Program Coordinator:				