

## APPLICATION TO VOLUNTEER

4741 SW 20th St, Ocala FL 34474  
(352) 861-0700 • (352) 861-0533 • www.mbaocala.org

Current School Year: \_\_\_\_\_

Thank you for applying to volunteer! Please complete this application completely and entirely. Be aware that a check of the *Dru Sjodin National Sexual Offender Public Website*, as well as a criminal history check will be performed to ensure the safety of our students. You may submit this application to the school or department of your choice and must complete a new one each year. We appreciate you offering your time, talents, and skills to enhance the education of our students.

**OFFICIAL USE ONLY**

Background checked: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
 Interview/Orientation Date: \_\_\_\_\_  
 Placement Area: \_\_\_\_\_  
 Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Principal Signature: \_\_\_\_\_

DOB: \_\_\_\_\_  Male  Female I have volunteered for \_\_\_\_\_ years. Other Languages Spoken: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_  
LAST FIRST M.I. MAIDEN NAME

Physical Address (No PO BOX): \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
PRIMARY SECONDARY OPTIONAL

Ethnicity (Required to check sexual offender/predator website):  White, Non-Hispanic  Black, Non-Hispanic  Hispanic  
 Multiracial  Asian/Pacific Islander  Native American/Native Alaskan  Other: \_\_\_\_\_

Driver's License: \_\_\_\_\_ or Passport/VISA ID/FL ID: \_\_\_\_\_  
STATE NUMBER EXPIRATION DATE NUMBER

Emergency Contact: \_\_\_\_\_  
NAME RELATIONSHIP PRIMARY PHONE NUMBER

\*Applicant MUST attach a photocopy of his or her Driver's License or State Photo ID. Military:  Yes  No

**I am interested in the following volunteer placements:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Classrooms      | <input type="checkbox"/> Field Trips          | <input type="checkbox"/> School Committees |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Library/Media Center | <input type="checkbox"/> Sports            |
| <input type="checkbox"/> Clinic          | <input type="checkbox"/> PTA/PTO              | <input type="checkbox"/> Other _____       |

List career/volunteer experiences, talents, skills, hobbies or activities of interest:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*If you are volunteering to coach, please see the Athletic Director.

I am available:  M  T  W  TH  F Times: \_\_\_\_\_ Grade Level(s) of interest: \_\_\_\_\_

Name(s) of child(ren) attending Meadowbrook, if any: \_\_\_\_\_

Relationship to child(ren):  Parent  Step-Parent  Legal Guardian  Grandparent  Other: \_\_\_\_\_

Teacher(s)/Grade(s): \_\_\_\_\_

**Confidentiality of Student Records**

The following portions of a student's record are confidential pursuant to Florida Statute 1002.22:

- |   |   |  |
|---|---|--|
| • Completed academic work   | • Interest inventory reports                        | • Counselor ratings/observations                         |
| • Grades  | • Health data                                       | • Discipline reports or information                      |
| • Standardized test scores, including academic, intelligence, aptitude, and psychological tests | • Student identifying data (social security number) | • Verified reports of serious recurrent behavior pattern |
| • Attendance records  | • Teacher ratings and observations                  | • Family background information                          |

Volunteers must comply with Florida Statute requirements in regard to a child's privacy rights. The above items and anything else dealing with personal information about the student, are not to be discussed with anyone other than the teacher with whom the volunteer works, or the principal. Failure to respect these privacy rights has legal consequences. Florida Statute also specifies that parents of a child whose privacy rights are not respected have a right to court action to enforce the violated right by injunction.

I HAVE READ THE ABOVE AND WILL AGREE TO COMPLY WITH THESE STATUTES


**Volunteer Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_