



SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

KEEP 'N TRACK #: \_\_\_\_\_

FORM #270

REV. 5/06

# THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA SCHOOL VOLUNTEER REGISTRATION FORM

*COMPLETION OF THIS FORM IS REQUIRED TO VOLUNTEER IN THE MARTIN COUNTY SCHOOL DISTRICT*

Ms. \_\_\_\_\_ MALE  
Mrs. \_\_\_\_\_ FEMALE  
Mr. \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME

STREET ADDRESS CITY STATE ZIP CODE HOW LONG?

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP CODE

HOME PHONE WORK PHONE EMAIL ADDRESS DATE OF BIRTH

ETHNIC ORIGIN:  AFRICAN AMERICAN/BLACK  AMERICAN INDIAN/ALASKAN NATIVE  ASIAN/PACIFIC ISLANDER  CAUCASIAN/WHITE  HISPANIC  OTHER \_\_\_\_\_  
AGE GROUP:  AGE 20 AND UNDER  AGE 21 TO 61  AGE 62+

HEALTH RESTRICTIONS, IF ANY: \_\_\_\_\_ EMERGENCY CONTACT AND PHONE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  Yes  No IF YES, PLEASE EXPLAIN \_\_\_\_\_

PLEASE INDICATE AFFILIATION(S), IF ANY:  
 BIG BROTHERS BIG SISTERS  BOYS & GIRLS CLUB  FOSTER GRANDPARENTS  
 H.O.S.T.S  TAKE STOCK IN CHILDREN  VCRC/RSVP  
 MARTIN COUNTY SCHOOL DISTRICT EMPLOYEE - LOCATION \_\_\_\_\_

I WANT TO BE RECOGNIZED AS A BUSINESS PARTNER. PLEASE CONTACT ME AT \_\_\_\_\_

YES, I CURRENTLY VOLUNTEER AT ANOTHER SCHOOL IN THE MARTIN COUNTY SCHOOL DISTRICT. WHICH SCHOOL(S)? \_\_\_\_\_

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING SETTING(S), AND UNDERSTAND THAT A BACKGROUND CHECK MAY BE REQUIRED TO DO SO.  
 ONE-ON-ONE  SMALL GROUP  CHAPERONE SCHOOL-SPONSORED TRIPS  NOT DIRECTLY WITH STUDENTS

*AS A VOLUNTEER, I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA AND FLORIDA STATE LAWS, INCLUDING SUNSHINE AND PUBLIC RECORDS LAWS. I HAVE RECEIVED, READ, AND UNDERSTAND SCHOOL BOARD RULE 6GX43-3.10 SCHOOL VOLUNTEER PROGRAM, AND I AGREE TO ABIDE 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 MARTIN 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 NEGLIGENCE 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.*

X \_\_\_\_\_  
APPLICANT'S SIGNATURE REQUIRED TO VOLUNTEER DATE

STUDENT VOLUNTEERS: GRADE \_\_\_\_\_ CLUB OR ACTIVITY \_\_\_\_\_

NAMES/GRADES OF CHILDREN IN SCHOOL: \_\_\_\_\_

FOR OFFICE USE: VOLUNTEER PLACEMENT(S) \_\_\_\_\_

BACKGROUND CHECK COMPLETED \_\_\_\_\_ COMMENTS \_\_\_\_\_