

UNION COUNTY SCHOOL DISTRICT

VOLUNTEER APPLICATION FORM

Name: _____ Phone #: _____

Address: _____

Driver's License #: _____ Date of Birth: _____

Location of Volunteer Service:

____ Elementary School ____ Middle School ____ High School

Grade level preferred: _____

Type of Volunteer Service you wish to perform:

____ Assist classroom teacher ____ Assist enrichment teacher

Help with:

____ Book Fair ____ Career Day ____ Reading Buddy

____ Picture Days ____ Field Trips ____ Other

____ Field Days ____ Mentoring

Days and times you would be available:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|--------|---------|-----------|----------|--------|
| A.M. | | | | | |
| P.M. | | | | | |

Please be advised that we will do an initial background screening on all volunteers. This is in compliance with the Jessica Lunsford Act that was passed by the 2005 Florida Legislature and signed into law by Governor Bush. We will do a search against the sexual offender/predator database periodically.

Initial _____ November _____ February _____

