



# **Volunteer Registration**

*Volunteers in the School  
District of Clay County*

**Volunteer Registration**  
*School District of Clay County—Florida*

Name \_\_\_\_\_ School \_\_\_\_\_

Maiden Name or Other Prior Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Business \_\_\_\_\_

Email Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Please check: Youth (Under 21) \_\_\_ Adult (Under 49) \_\_\_ Senior (Over 50) \_\_\_ Male \_\_\_ Female \_\_\_

Social Security # (Required) \_\_\_\_\_ Date of Birth (Required) \_\_\_\_\_

Name of person who can be reached in case of emergency \_\_\_\_\_

Telephone \_\_\_\_\_ Your children at this school \_\_\_\_\_

Days/Times available \_\_\_\_\_

Area desired or assigned: General Office \_\_\_ Media Center \_\_\_ Guidance \_\_\_ Classroom \_\_\_  
Student Activities \_\_\_ Health Services \_\_\_ Other \_\_\_\_\_

**Security Information:**

1. Have you ever been convicted of a felony or other serious crime? Yes \_\_\_ No \_\_\_
2. Have you ever been convicted of a misdemeanor? Yes \_\_\_ No \_\_\_
3. Are you presently charged with a crime? Yes \_\_\_ No \_\_\_  
(If you marked "yes" on #1, #2 or #3, please explain on an attached sheet.)
4. I understand that by signing this form, I am consenting to a criminal background check on myself.
5. Length of residency in Florida \_\_\_\_\_ Former resident state \_\_\_\_\_
6. \_\_\_\_\_ My initials indicate that a copy of the **"Statement on the Collection, Use or Release of Social Security Numbers"** was provided to me.

**Statement of Volunteer Service:**

I am volunteering my services to the School District of Clay County in order to improve the quality of the educational system. I understand that (1) during my time serving as a volunteer, I am not employed by the Clay County School Board; (2) as a volunteer, I am not receiving unemployment compensation benefits; (3) I do not expect nor do I desire any wages or compensation for the services for which I am volunteering; (4) I have no expectations of employment with the Clay County School Board; (5) I am aware that random background checks of volunteers may be made; (6) and, if I am volunteering as a mentor, an FDLE background check may be made. As a volunteer, I agree to abide by the rules, regulations, policies, and laws of the State of Florida, the Florida State Board of Education, and the Clay County Board of Education. I agree that the aforementioned statements constitute the terms under which I am providing volunteer services; I hereby agree to these terms; and there are no understandings to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Falsification of this application will result in the termination of your status as a volunteer)

NOTICE: The Clay County School Board is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin, or disability. Employment of personnel in Clay County is in compliance with Federal and State Laws regarding non-discrimination and preference.