



SCHOOL YEAR: _____

SCHOOL: _____

KEEP 'N TRACK #: _____

FORM #270

REV.09/08

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 AGE GROUP: AGE 20 AND UNDER
 ASIAN/PACIFIC ISLANDER CAUCASIAN/WHITE HISPANIC AGE 21 TO 61
 OTHER _____ 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 MARTIN VOLUNTEERS/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 _____

SEXUAL OFFENDERS AND PREDATORS CHECK COMPLETED _____

WHITE: SCHOOL

YELLOW: VOLUNTEER