

Hillsborough County Public Schools
Volunteer Application

Return this form to
GHSIMB

Please complete application and return to: SERVE, 3111 Tampa Bay Blvd. Tampa, FL 33607

Big Brothers Big Sisters of Tampa Bay Hillsborough Education Foundation SERVE

Name _____
Last First Middle Name (Not initial) Maiden Name

Home Address _____ How Long? _____
Number and Street City State Zip

Previous address if less than 5 years _____

Name & Address of Employer _____ How Long? _____

Telephone (Home) _____ (Business) _____

(Fax) _____ E-mail Address _____

Student? Yes No School? _____

Social Security No. _____ Date of Birth _____ Occupation _____

Preferred place of correspondence: Home Work

Gender	Ethnic Origin (Optional)	Volunteer Category
<input type="checkbox"/> Female	<input type="checkbox"/> African American	<input type="checkbox"/> Tutor
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Mentor *
	<input type="checkbox"/> Asian/Pacific Islander	<input checked="" type="checkbox"/> Other <u>Volunteer/Chaperone</u>
Marital Status	<input type="checkbox"/> Caucasian/White	
<input type="checkbox"/> Single	<input type="checkbox"/> American Indian/Alaskan Native	Do you have a preferred school? Please list.
<input type="checkbox"/> Married	<input type="checkbox"/> Other	<u>Gaither High School</u>
<input type="checkbox"/> Separated		_____
<input type="checkbox"/> Widowed		_____

Education Background: _____
Grade Level preferred (check all that apply) Pre-K K-2 3-5 6-8 9-12 Adult/Vocational
Special Needs

Special skills, languages or hobbies: _____

* If you check Mentor, please complete page 2.

I understand that I am offering my services to the Hillsborough County School System without compensation. I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer. I agree, if I am a volunteer, to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes and the School Board of Hillsborough County.

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation?

Yes _____ No _____ If Yes, Please provide a brief explanation on a separate sheet of paper.

Would you agree to an employer/criminal background check? Yes _____ No _____

SIGNATURE OF VOLUNTEER APPLICANT: _____ DATE _____

References: Please list four persons who know you well and would be in a position to evaluate your qualifications and ability to be a mentor. Do not list relatives, significant others or those you have known less than two years. One of the references should have known you for at least five years and the others for at least two years. If you have been employed at your current place of employment for at least six months, list your supervisor as one of your references.

1. _____
Name Address

() () ()
Telephone: Home Work Fax Years Known

2. _____
Name Address

() () ()
Telephone: Home Work Fax Years Known

3. _____
Name Address

() () ()
Telephone: Home Work Fax Years Known

4. _____
Name Address

() () ()
Telephone: Home Work Fax Years Known

List previous work with youth or other volunteer activities:

Have you ever applied to be come a mentor before: If yes, When: _____

Where: _____ With Whom? _____

FOR OFFICE USE ONLY: _____ New Volunteer _____ Returning Volunteer

Background Check: N/A Record Found No Record
Approved Denied

School # _____ Name _____

Interview by _____

Was this a district office referral? Yes _____ No _____

Volunteer placed? Yes _____ No _____ Date _____

Training provided by: _____

Volunteer withdraw/Termination Date _____

Reason: _____