



I understand that I am offering my services to the Hillsborough County Public 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 \_\_\_\_\_

### Hillsborough County Schools Volunteer Application

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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 become 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: \_\_\_\_\_