

Brevard Public Schools Volunteer/Mentoring Application & Security Check

Application Date:	Password	
		To be used when you sign in nator:
	rotunteer coordi	And specify and the specific and the spe
Volunteer Name:(First)	(Middle) (Last)	
Maiden/Alias/Other Names:		SS#:
		(Social Security # is <u>not</u> Volunteer Id #)
Address:		
	l Black □ Caucasian/Latino	
Hair: ☐ Black ☐ Blonde/Strawbe	erry 🗆 Brown 🗆 Gray 🗆	Red 🗆 Bald 🗆 Sandy 🗆 White
Eyes: Blue Brown	☐ Green ☐ Hazel ☐	Black
Gender: Birthdate:	_Birth City:	Birth State/Country:
Height: Weight:	n probhtion in a orirrital browleding? YI	
Driver's License #:	DL State:	DL Expires:
Home Phone:Work	Phone:	olfogb, faci saa sog avsat - E - E - e
E-mail:		
Occupation:	Employer:	949:038, exhausted is seen
Employer Address:		
		etaG Alabhaso N
Address:		
Phone:Occup	pation:	E-mail:
Student Names	Grade	Teacher
	E NPEDED):	I VOIT SWAR DAY TO THE STANDING DE
Le mui de distress iller os ob oreas in l'este	ero de confocación de la Secución de Secuc	modo fest esmest anibus greets vás troces
ou popular progression e en el escriptor e	vees cal sear on his noveword gazage to	Wight and the special control of the
Volunteer Category: ☐ Parent ☐ Senj	ior Intern □ Junior Intern □ Class	room Observation Mentor Student
die C	ling Readers Volunteer	groom Observation Mentor Student
If Volunteer Category is Mentor, please che	[10] [10] [10] [10] [10] [10] [10] [10]	
☐ Mentor - Take Stock in Children ☐ M		
		ntor - Boys & Girls Club
		ntor - Military
Notes:		
		artings and a province and the constants
that the information is overcom	delikaa akhiji uuu yomeeligase 'ak	AND RESERVED TO THE SECOND TO
	.810	rearthment Sovertax trub / Utd. to skilled

Please respond to the following questions truthfully and completely. The disclosure of a prior criminal history will not automatically prohibit selection as a volunteer. If you are seeking registered volunteer status, fingerprints will be taken and used to check the criminal history records from the FDLE/FBI. Listed volunteers may also be subject to the same type of background check. Request for this information includes all State, National and/ or International criminal history records. No Has your Driver's License ever been revoked or suspended? (Includes penalties as a result of DUI/DWI charges) Have you had any traffic violations during the past three (3) years? If yes, give details: Please include speeding tickets, stating speed exceeded (i.e. 50/30) and amount of fine. If more space is needed, continue below in designated area. Penalty/Disposition Date Where ticketed/Arrested Nature of Charge Ouestion # Y Have you ever been arrested for a criminal offense including those where charges were later dropped or you were found Not 3) Guilty? Are criminal charges other than minor traffic violations currently pending against you? (includes pending DUI/DWI charges.) 1. 1... . Have you ever pled Guilty to a criminal offense? Y Have you ever been convicted/fined in a criminal proceeding? Have you ever been placed on probation in a criminal proceeding? (Includes participation in a pre-trial intervention program.) 1 Have you ever pled "No Contest" in a criminal proceeding? Have you ever had adjudication withheld (withholding of guilt or innocence by a judge) in a criminal proceeding? Have you ever received an expungement (charges erased of an arrest or a pardon of a conviction?) Under Florida Statute 10) 943.058, expunged or sealed records are available to District School Boards. If you responded "YES" to any of the questions give details below. Include any information relative to sealed or expunged records. Penalty/Disposition Nature of Charge Where ticketed/Arrested Ouestion # Date ADDITIONAL SECURITY INFORMATION (IF NEEDED): A volunteer's status is good for five (5) years from the time of the approval date. During those five years, volunteers are required to report any arrests and/or charges that occur to the Office of District and School Security. Failure to do so will result in an immediate revocation of all volunteering privileges. By signing below, you affirm that the above responses are true, complete and correct to the best of your knowledge and are made in good faith. Date Signature THE FOLLOWING IS TO BE VERIFIED BY A SCHOOL DISTRICT EMPLOYEE Indicate the type of photo ID that the volunteer has furnished: Valid Florida Identification Card Valid Florida Driver's License _____ Valid out of state Identification Card Valid driver's license from another state Driver's License Number Expiration Year Expiration Year Identification Number Name exactly as it appears on ID: Student Number (Brevard Public School students ONLY): I certify that I have seen the above identification and have verified that the information is correct. Name of individual verifying identification: Position/Title: