

**MADISON COUNTY SCHOOLS
VOLUNTEER BACKGROUND CHECK FORM**

Please mark the area(s) in which you'd like to volunteer:

Classroom Helper	Classroom Tutor/Mentor	Day Field Trip	Over Night Field Trip
Extracurricular/after school activities		SAC / PTO	Other: _____

Official Use Only: Does this action require a FINGERPRINT check? (to be marked by school/district personnel only)

Yes No

- A volunteer is defined as anyone who:
- has contact with students on campus other than just attending a school program.
 - works in a classroom as a helper, tutor, or mentor.
 - has supervisory responsibility for children at a school site or on school-sponsored trips.

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention, or had injunction withheld in criminal offense other than a minor traffic violation? (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585 F.S.

Please Check one: Yes No A "No" check means "No" to every statement above.

Failure to answer these questions accurately could result in your being ineligible to volunteer with the School District of Madison County. A yes or no answer is required. If you check yes, please indicate date(s) of arrest, where arrested, nature of charge(s) and disposition(s) for each charge. It is a misrepresentation of the first degree for any person willfully, knowingly, or intentionally to fail, by false statement, misrepresentation, impersonation or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications for a position of special interest.

Where Arrested: _____ Date _____

Nature of Charge: _____ Disposition _____

Where Arrested: _____ Date _____

Nature of Charge: _____ Disposition _____

One name per each form submitted

PLEASE PRINT OR TYPE INFORMATION CLEARLY; ADULT INFORMATION ONLY BELOW

School(s) where you would like to volunteer LES PES GES MCCS MCHS Bridge (Check all that apply)

Drivers License _____ Social Security Number: ____ / ____ / ____

Date of Birth: _____ Email Address _____

Full Name: _____ Maiden/Alias Name: _____

Street Address / PO Box: _____

City: _____ State/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please check one: Are you a returning volunteer? Are you a new Volunteer? Are you an MCSB employee?

I attest that I am seeking to volunteer for the Madison County Schools and I allow Madison County Schools to run a criminal records check on me.

Signature

Date

Submitted By: _____ Administrator's Signature _____

CONFIDENTIAL