

## CRIMINAL OFFENSES WHICH WILL DISQUALIFY AN INDIVIDUAL TO SERVE AS A VOLUNTEER

Individuals who have been charged and convicted of the following, regardless of the number of years since the offense, will be ineligible to serve as a Santa Rosa County school volunteer:

- ❖ Assault – any type
  - ❖ Arson
- ❖ Battery – any type
  - ❖ Burglary
- ❖ Carrying a Concealed Weapon
  - ❖ Child Abuse
- ❖ Contributing to Delinquency of a Minor
  - ❖ Domestic Violence
- ❖ Drugs/Drug Paraphernalia(sale or possession of)
  - ❖ DUI or DWI – two or more charges
    - ❖ Trespassing
  - ❖ Felony – any type
    - ❖ Forgery
    - ❖ Grand Larceny
    - ❖ Incest
  - ❖ Lewd and Lascivious Act
  - ❖ Property Damage
  - ❖ Prostitution
- ❖ Resisting a Law Enforcement Officer
- ❖ Sexual offenses – regardless of victim's age
  - ❖ Theft – exception petty
  - ❖ Violent crime of any type

(APPLICATION ON THE OTHER SIDE)



## AVALON MIDDLE SCHOOL VOLUNTEER APPLICATION

Applicant's Full Name (Print): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

I understand that I am offering my services to the Santa Rosa County School District without compensation and without any rights to health benefits in case of illness or injury. I also understand that if I do not have an approved volunteer form on file, I will not be allowed to volunteer. I have been made aware that if any other family members or friends would like to volunteer they must complete a volunteer application and submit it for approval.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONFIDENTIAL INFORMATION:

The following questions must be answered truthfully. A "yes" answer will not necessarily disqualify you from consideration. However, Santa Rosa County School Board reserves the right to request that you be fingerprinted at your own expense prior to participation as a volunteer.

- |   |  |
|---|--|
| 1. Have you ever been convicted of an offense other than a minor traffic violation? (DUI and DWI convictions and not minor and must be reported.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been found guilty of a criminal offense?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever entered a nolo contendere or on contest plea?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever had adjudication withheld in a criminal offense?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there any criminal charges currently pending against you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever been placed on court-ordered probation, imprisoned or jailed in a criminal proceeding?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever been confirmed as a child abuser by Department of Children and Families or a similar agency in Florida or another state?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered, "Yes" to any items, you must give a detailed explanation in the following space.

### ARREST INFORMATION:

Date of Arrest: \_\_\_\_\_ Where Arrested: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Disposition: \_\_\_\_\_  
\_\_\_\_\_

By signing this document I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information or any misrepresentation of information requested. I also understand that the Santa Rosa county School Board reserves the right to request that I be fingerprinted at my own expense prior to participation as a volunteer.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my name being removed from the approved volunteer list of the Santa Rosa County School Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Security Background Checked on Applicant Sexual Predator Search Completed on Applicant

Findings: \_\_\_\_\_

Application: Approved Not Approved Reason: \_\_\_\_\_

Administrative Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_