



Brevard Public Schools Volunteer/Mentoring Application & Security Check

Application Date: _____ Password _____
To be used when you sign in

School Name: _____ Volunteer Coordinator: _____

Volunteer Name: _____
(First) (Middle) (Last)

Maiden/Alias/Other Names: _____ SS#: _____
*(Social Security # is **not** Volunteer Id #)*

Address: _____ City: _____ State: _____ Zip: _____

Race: Asian/Pacific Islander Black Caucasian/Latino Native American/Eskimo Other

Hair: Black Blonde/Strawberry Brown Gray Red Bald Sandy White

Eyes: Blue Brown Green Hazel Black

Gender: _____ Birthdate: _____ Birth City: _____ Birth State/Country: _____

Height: _____ Weight: _____

Driver's License #: _____ DL State: _____ DL Expires: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Emergency Contact Name: _____ Employer: _____

Address: _____

Phone: _____ Occupation: _____ E-mail: _____

Student Names

Grade

Teacher

Volunteer Category: Parent Senior Intern Junior Intern Classroom Observation Mentor Student
 Other Rolling Readers Volunteer

If Volunteer Category is Mentor, please check **ONE** of the following:

- Mentor - Take Stock in Children
- Mentor - Big Brothers Big Sisters
- Mentor - Boys & Girls Club
- Mentor - Other
- Mentor - AmeriCorps
- Mentor - State Government
- Mentor - HOSTS
- Mentor - College Student
- Mentor - Business
- Mentor - Military

Notes: _____

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.

- Yes No
- 1) Y N Has your Driver’s License ever been revoked or suspended? (Includes penalties as a result of DUI/DWI charges)
- 2) Y N 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.*

Question #	Date	Where ticketed/Arrested	Nature of Charge	Penalty/Disposition

- 3) Y N Have you ever been arrested for a criminal offense including those where charges were later dropped or you were found Not Guilty?
- 4) Y N Are criminal charges other than minor traffic violations currently pending against you? (includes pending DUI/DWI charges.)
- 5) Y N Have you ever pled Guilty to a criminal offense?
- 6) Y N Have you ever been convicted/fined in a criminal proceeding?
- 7) Y N Have you ever been placed on probation in a criminal proceeding? (Includes participation in a pre-trial intervention program.)
- 8) Y N Have you ever pled “No Contest” in a criminal proceeding?
- 9) Y N Have you ever had adjudication withheld (withholding of guilt or innocence by a judge) in a criminal proceeding?
- 10) Y N Have you ever received an expungement (charges erased of an arrest or a pardon of a conviction?) Under Florida Statute 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.

Question #	Date	Where ticketed/Arrested	Nature of Charge	Penalty/Disposition

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.

_____ Signature _____ Date

THE FOLLOWING IS TO BE VERIFIED BY A SCHOOL DISTRICT EMPLOYEE	
Indicate the type of photo ID that the volunteer has furnished:	
_____ Valid Florida Driver’s License	_____ Valid Florida Identification Card
_____ Valid driver’s license from another state	_____ Valid out of state Identification Card
Driver’s License Number _____	Expiration Year _____
Identification Number _____	Expiration Year _____
Name exactly as it appears on ID: _____	
Student Number (Brevard Public School students ONLY): _____	
<i>I certify that I have seen the above identification and have verified that the information is correct.</i>	
Name of individual verifying identification: _____	
Position/Title: _____	