

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Community Involvement  
30 East Texar Drive, Pensacola, Florida 32503  
Phone: (850) 469-5676 or (850)469-5675  
FAX: (850) 469-5335

# SCHOOL VOLUNTEER APPLICATION

2023-2024 School Year

Screening Date \_\_\_\_\_

Instructions: Please complete this form so that we may have sufficient information on your experiences and background to provide the best match possible. Thank You.

Name (Please Print) \_\_\_\_\_ Military Rank/Title \_\_\_\_\_ Volunteer Training Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Alternate Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Age: Under 21 \_\_\_\_\_ 21-61 \_\_\_\_\_ Over 61 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address -REQUIRED \_\_\_\_\_

Personal Reference \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Community Organizations (if any) \_\_\_\_\_

Education/Training \_\_\_\_\_

Interest, hobbies, sports, etc. \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Have you been a volunteer with the Escambia County School District before? YES NO

How did you hear about the Volunteer Program? \_\_\_\_\_

Why do you wish to be involved? \_\_\_\_\_

Specific school preferred? \_\_\_\_\_

Grade level preferred: Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High \_\_\_\_\_ Number of hours per week \_\_\_\_\_

What days are best for you? Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

What time of day is best for you? \_\_\_\_\_

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

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SCHOOL VOLUNTEER  
AFFIDAVIT OF GOOD MORAL CHARACTER  
2023-2024 SCHOOL YEAR

Full Legal Name: (Please Print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Volunteer Assignment Location: \_\_\_\_\_

Have you ever been found guilty, or entered a plea of nolo contendere (no contest) to any crime other than a minor traffic violation? (DUI is not considered a minor traffic violation and must be listed.) An answer is required regardless of whether adjudication was withheld or the charges were reduced by the court, and regardless of whether or not those records have been sealed or expunged. If you check the YES box, you must give complete information for each charge below:

PLEASE CHECK ONE:                      Yes                      No

City Where Arrested	State	Date Arrested	Charges	Disposition

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Sexual Predator/Offender Screening**  
**Office Use Only. To Be Completed By School Personnel.**

Date Predator/Offender Screening Completed: \_\_\_\_\_

Site used:                      Dru Sjodin                      FDLE

Information Verified By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

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Education/Training \_\_\_\_\_

Interest, hobbies, sports, etc. \_\_\_\_\_

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Specific school preferred? \_\_\_\_\_

Grade level preferred: Elementary Middle High \_\_\_\_\_ Number of hours per week \_\_\_\_\_

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What time of day is best for you? \_\_\_\_\_

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