Miami-Dade County Public Schools
giving our students the world

School Volunteer Program Registration Form

This registration will not be considered valid unless all sections are fully completed, and the registration has been signed and dated. Volunteers may not start service until cleared by the school district.

TO BE COMPLETED BY REGISTRANT:

PERSONAL INFORMATION: Date of application: ___/___/___ (mm dd year)

1. _____ (Last Name / First Name / Middle Name)
2. _____ (Home Address / City / Zip Code)
3. Telephone #: Home: _____ Office: _____
4. Sex: ☐ Female ☐ Male e-mail (optional) _____
5. Ethnic Group: ☐ Black ☐ White ☐ Hispanic ☐ Multiracial ☐ American Indian ☐ Asian/Pacific Islander ☐ Other: _____
6. Social Security # ___/___/___ Birth date: ___/___/___ (mm dd year)
7. Category: ☐ Youth (20 and under) ☐ Adult (21-61 years) ☐ Senior (62 years and over)
8. Through what organization/agency are you volunteering?
   ☐ PTA/PTSA ☐ College: Name _____
   ☐ U.S. Military: Branch _____
   ☐ Organization Name _____
9. Bilingual? ☐ No ☐ Yes: Language _____
10. Person to contact in case of emergency _____
11. Phone # (_____) _____
12. Are you an active or former member of law enforcement, a firefighter, a Department of Children & Family Services employee, a judge, a state or assistant state attorney, a prosecutor, a government employee with duties involving human resources, labor relations, code enforcement officers or a spouse or child of the foregoing categories? ☐ Yes ☐ No
13. Are you a former or current M-DCPS employee?
    ☐ current ☐ former ☐ no
    If so, please provide your employee # _____
14. Have you ever been arrested as a juvenile or adult? ☐ Yes ☐ No
    If yes:
    A. Have you ever entered a plea of Nolo Contendere (no contest), a plea of Guilty, been placed in a pre-trial intervention program or on probation, or been fined in a criminal proceeding? ☐ Yes ☐ No
    B. Have you ever received an adjudication of guilt, had adjudication withheld, had a criminal case result in a nolle prosequi ("nol pros"), or had a criminal record sealed or expunged? ☐ Yes ☐ No

    If any answer is yes, you will need to supply, when requested, written explanation as well as a copy of the Court disposition certified by the Clerk of the Court for each arrest.

    Any volunteer with a criminal record will not be placed unless cleared by Human Resources and the Office of Professional Standards.
15. Are you a parent/guardian/family member of (a) student(s) in this school? ☐ Yes ☐ No

PLACEMENT INFORMATION:

List (all) the school(s) where you volunteer:

1. _____ School # _____
2. _____ School # _____

Grade Level(s): ☐ PreK ☐ K-2 ☐ 3-5 ☐ 6-8 ☐ 9-12
☐ Community School ☐ Child Care ☐ Adult/Vocational

- Retain **White** Original for School-Site File.
- Give **Yellow** Copy to Volunteer.

***VOLUNTEER PLACEMENT CATEGORIES:** Place an X in the box next to **each** activity which you select for volunteer service.

1. ☐ Band
2. ☐ Buddy Reader
3. ☐ Day Chaperone
4. ☐ Overnight Chaperone
5. ☐ Classroom
6. ☐ Clinic
7. ☐ Clerical
8. ☐ Computer
9. ☐ CrossAge/Peer Tutor
10. ☐ ESOL Tutor
11. ☐ Exceptional Student
12. ☐ Intergenerational
13. ☐ KAPOW
14. ☐ Library/Media
15. ☐ Listener
16. ☐ Math Tutor
17. ☐ Mentor
18. ☐ Music
19. ☐ Oyente
20. ☐ Parent Ambassador
21. ☐ Phys. Ed. Asst/ Athletic Asst. (Middle School only)
22. ☐ Reading Tutor
23. ☐ 5000 Role Models
24. ☐ Special Club Sponsor
25. ☐ Student Services
26. ☐ Other - Please Specify: _____
27. ☐ I am a Certified Volunteer Certificate # _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS STUDENT VOLUNTEERS ONLY:

1. Name of school you attend: _____
2. Grade _____ 3. Student ID _____
4. Are you receiving Community Service Credit for this placement? ☐ Yes ☐ No

FOR SCHEDULING PURPOSES, PLEASE INDICATE THE DAY(S) OF THE WEEK AND EXACT TIMES WHEN YOU WILL BE AVAILABLE TO VOLUNTEER:

_____

BY SIGNING THIS FORM, I AM AGREEING TO A BACKGROUND CHECK BY M-DCPS AND I UNDERSTAND THAT THIS IS AN OFFICIAL DOCUMENT. I AM GIVING TRUTHFUL INFORMATION AND UNDERSTAND THAT GIVING FALSE INFORMATION IS PUNISHABLE AS A MISDEMEANOR. I ALSO UNDERSTAND THE SCHOOL VOLUNTEER PROGRAM AND HAVE READ THE POLICIES.

SIGNATURE _____

DATE _____

★ DISTRICT INFORMATION REQUIRED! TO BE COMPLETED BY SCHOOL ONLY.

School # _____ Name _____

Name of interviewer and title _____

Please check if this was a district office referral ☐ Yes ☐ No

Volunteer placed? ☐ Yes ☐ No **Date** ___/___/___ (mm dd year)

*Category number(s) of Actual Placement (see above) _____

Volunteer's Withdrawal/Termination Date: ___/___/___ (mm dd year)

Reason: _____

PLEASE NOTE POLICY: A volunteer's service may be terminated at any time, at the discretion of either M-DCPS, or the volunteer. Volunteer forms are public record.

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