HERNANDO COUNTY SCHOOL DISTRICT
Student Volunteer Application

Date Rec'd: _____
Rec'd by: _____
Office use only

* **ALL** applications are to be returned to the **originating school only**!
Faxed or mailed applications will not be accepted.

Complete all / mandatory fields that apply. Incomplete applications will **not** be accepted, and returned to the school. Please note that due to the volume of applications that are received, the processing of applications may take up to three weeks.

MANDATORY FIELDS

*Today's Date: _____ *Originating School Name: _____

_____ _____/_____/_____ _____-_____- _____
*Last Name (As it appears on your FL License/ ID) First Name MI *Date of Birth * Social Security #

_____ _____ _____
*Address *City *Zip

*Hernando Co. Student # _____ * Gender: ☐ M ☐ F *Race: ☐ W ☐ B ☐ H ☐ A ☐ Other

(____)_____ OR (____)_____ _____
*Home Phone * Cell Phone *Email Address of Applicant

VOLUNTEER WORK PREFERENCE (Please check your greatest interest)

☐ After School ☐ Cafeteria Helper ☐ Classroom ☐ Clubs ☐ Chaperone

☐ Jr. Achievement ☐ Library / Media Helper ☐ Observation ☐ Office/ Clerical

Your signature below releases the School District of Hernando County from liability or damages, which may result from any personal background search. It furthermore authorizes any State or local law enforcement agency to release criminal history to the District including, but not limited to, juvenile criminal history. In addition, your signature verifies you are not an employee of the school board of Hernando County, Florida. Your signature below acknowledges your agreement that any and all information you receive while a volunteer for the Hernando county School Board concerning the Hernando County School District, its employees and students is **confidential** and may **NOT** be disclosed to any person.

_____
Signature of Volunteer upon completion of application after reading the above Date

_____
Signature of Parent / Guardian if Volunteer is a minor Date

Sheriff's Department use only, to screen student applicants only.

Sheriff's Department Stamp Date Received:_____