

# FAMU DEVELOPMENTAL RESEARCH SCHOOL VOLUNTEER PROGRAM

## 2016-2017 Volunteer Application

**PART A. (REQUIRED)** (Please **print** clearly). Completion of Part A on this form is **required** for a volunteer to be eligible for volunteer placement and insurance coverage for accidents which occur while performing assigned school volunteer activities. FAMU Developmental Research School reserves the right to **accept, decline or discontinue** the services of any volunteer.

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Check one of the following: Male  Female  Age Range: Under 21  21-61  61+

Are you a college student? Yes  No  If so, what College/University? \_\_\_\_\_

Are you required to volunteer for a course or your major? Yes  No

If yes, what is your major and what class are you enrolled in? \_\_\_\_\_

**Type of Volunteer**

Check all that apply:  School Parent  School Grandparent  City/County Employee  
 State Employee  Other \_\_\_\_\_

Have you served as a school volunteer before? Yes  No  If so, where? \_\_\_\_\_

**Important Volunteer Policies and Guidelines**

1. All volunteers **must complete a new Volunteer Application each year.**
2. All volunteers **must sign in at the school office before proceeding to their volunteer assignment.**
3. Volunteers **may not dispense either prescription or over-the counter medications to students.**
4. Volunteers **may not administer any form of corporal (physical) punishment to students.**
5. Volunteers **must respect a student's right to confidentiality** (Florida Statue 1002.22) including the following areas: standardized test scores, grades, attendance records, health information, academic work completed, family background information, reports of serious behavior patterns and written teacher observations.
6. A National Sexual Predator Check will be processed on all school volunteers. **Volunteering is contingent upon background check clearance.**

**Volunteer Agreement** (Please read and sign below)

As a volunteer, I agree to abide by the policies and/or procedures of the School Board of FAMU Developmental Research School, of the FAMU Developmental Research School Volunteer Program in which I serve.

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

**PART B. Volunteer Information** (Optional).

If you have children attending FAMU DRS, please list their name(s) and grade(s) below:

\_\_\_\_\_

**I am interested in volunteering with one of the following programs:**

Classroom Assistant  Library  P.E./Sports  PTA  Booster Club  Clerical  Chaperone   
 Reading Programs  Extended Day Program (Afterschool)  Mentor a student \*  Computer Lab  Math   
 Foreign Language  Science  History  Music/Band  Fund-raising  Art  Other  \_\_\_\_\_

**\*Fingerprinting Required**

Grade Level Preference: K-2  3-5  6-8  9-12

Classroom Resource/ Speaker Topics/Career/Talents/Languages/Hobbies/Travels/Other: \_\_\_\_\_

**Days and Times of Availability:**

Time Available	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

For Official Use Only

National Sexual Predator Check Processed By:	Date: