

SCHOOL VOLUNTEER APPLICATION FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School Where Volunteering

(Circle the Day Preferred)

Monday

Tuesday

Wednesday

Thursday

Friday

\_\_\_\_\_  
Time Preferred

Volunteer Activities Preferred:

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Thank you for your interest in serving as a school volunteer. For the protection of our students, we are requesting a response from each school volunteer to the following items:

1. I agree to acquire, read, and follow the guidelines included in the Volunteer Handbook.
2. As a participant in the Volunteer Program, I agree to keep strictly confidential any information to which I may have access concerning any and all students.
3. It is the policy of the School Board of Nassau County to offer students the opportunity to participate in appropriate programs, services and activities without regard to race, age, religion, national origin, sex, handicap, or marital status.
4. Students, while they are in school or participating in school related activities, are entitled to an environment free of discrimination and/or harassment by other students or adult employees or volunteers.
5. All employees and volunteers are expected to work with other employees to teach students and to supervise or to be supervised in their work by other employees without regard for race, age, religion, national origin, sex, handicap, or marital status.

If you are agreeable to an affirmative response to each of the above statements, please proceed to the next section.

#### Drug Free Workplace

No employee or volunteer of the School Board shall manufacture, distribute, dispense, possess or use on or in the workplace any alcoholic substance, any intoxicating or auditory, visual, or mental altering chemical or substance or narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined by Federal or State law or rule, or any counterfeit of such drugs or substances all being collectively referred to as drugs. A violation of this policy will lead to disciplinary sanctions up to and including referral for prosecution.

I hereby acknowledge that I have read, understood, and will uphold the policy on Drug Free Workplace.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Have you ever been convicted of, pleaded guilty to, pleaded nolo contendere (no contest) or had adjudication withheld for a crime constituting a felony or any act involving moral turpitude?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If you answer to the above is yes, please return this packet to the School Volunteer Coordinator or your child's teacher.