

**THE SCHOOL DISTRICT OF LEE COUNTY  
VOLUNTEER APPLICATION**

DISTRICT INTERVENTION PROGRAMS/VOLUNTEER PROGRAM • 2855 COLONIAL BLVD. •  
FORT MYERS, FL 33966  
TELEPHONE 239-337-8175  
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS • P.O. BOX 1608 •  
FORT MYERS, FL 33901  
TELEPHONE 239-337-0433

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_

Identification: \_\_\_\_\_

Drivers' License

#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Personal and Reference Information:**

Educational Background: \_\_\_\_\_

Occupation or Retired: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Previous Volunteer/Mentor Experience: \_\_\_\_\_

Personal Reference: (Non-Relative)

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Volunteer Preference:**

Is there a particular type of volunteer work in which you are interested? (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mentor                 | <input type="checkbox"/> Clerical/Office Assistant | <input type="checkbox"/> Committees (PTA/PTO/SAC)         |
| <input type="checkbox"/> Individual tutoring    | <input type="checkbox"/> Classroom Assistant       | <input type="checkbox"/> Athletic Programs                |
| <input type="checkbox"/> Small group tutoring   | <input type="checkbox"/> Computer Lab              | <input type="checkbox"/> Assisting with Vocational Fields |
| <input type="checkbox"/> Cafeteria/Hall Monitor | <input type="checkbox"/> Special Projects          | <input type="checkbox"/> Judging for Competitions         |
| <input type="checkbox"/> Media Assistant        | <input type="checkbox"/> Public Speaking           | <input type="checkbox"/> Other _____                      |

I am most comfortable with:  Reading  Writing  Math  Science  Social Studies  Music  Art  PE Other: \_\_\_\_\_

I prefer working with:  Pre-K and K  Elementary  Middle School  High School  Adult Education

Days Preferred:  M  T  W  TH  F and/or @ home \_\_\_\_\_ Hours Preferred:  A.M.  P.M. \_\_\_\_\_

Do you have a child attending this school? \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Have you ever been convicted, pled no contest to, or had adjudication withheld in a criminal offense other than a minor traffic violation or are there any criminal charges now pending against you? Yes \_\_\_ No \_\_\_

(Note: Operating a vehicle while intoxicated is not considered a minor traffic violation.)

I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I understand that misrepresenting the information may disqualify me from volunteering. I understand that I have no legal right to volunteer. I understand that the school administration maintains the right to place and dismiss volunteers. In order for The School District of Lee County to complete the processing of volunteer applications, I understand a Sexual Offender Search will be conducted and, if needed, a criminal background check may be completed.

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

**OFFICE USE ONLY — SCHOOL YEAR\*:** \_\_\_\_\_  
**(FDLE must be checked each year.)**

		<b>Date</b>	<b>Checked By</b>
<b>FDLE</b>	http://www.flsexoffender.net/offender/homepage	_____ _____ _____ _____ _____	_____ _____ _____ _____
<b>Interviewed By</b>	<b>Comments</b>	<b>Date</b>	<b>Additional Screening Needed</b>
			<b>YES</b> ___ <b>NO</b> ___

\*Returning volunteers are not required to complete a new application, unless required by the school.

<b>Applicant Approved</b>	
_____	_____
Principal	Date
_____	_____
School Volunteer Coordinator	Date
Volunteer Assignment: _____	

For assistance, please contact Linda Montgomery, Dist. Volunteer Coordinator, 337-8175, [lindacm@leeschools.net](mailto:lindacm@leeschools.net)

Revised 10/08