

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Community Involvement
30 East Texar Drive, Pensacola, Florida 32503
Phone: (850) 469-5676 or (850)469-5675
FAX: (850) 469-5335

SCHOOL VOLUNTEER APPLICATION

2024-2025 School Year

For office/school use only:

Screening Date _____

Instructions: Please complete this form so that we may have sufficient information on your experiences and background to provide the best match possible. Thank You.

Name (Please Print)	Military Rank/Title	Volunteer Training Date
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Mailing Address	City/State/Zip
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Place of Employment	Occupation
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Primary Phone: Work Home Cell	Alternate Phone: Work Home Cell
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Age: Under 21 21-61 Over 61	Date of Birth	Email Address - REQUIRED
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Personal Reference _____ Phone _____

Emergency Contact _____ Phone _____

Community Organizations (if any) _____

Education/Training _____

Interest, hobbies, sports, etc. _____

Previous volunteer experience _____

Have you been a volunteer with the Escambia County School District before? YES NO

How did you hear about the Volunteer Program? _____

Why do you wish to be involved? _____

Specific school preferred? _____

Grade level preferred: Elementary Middle High Number of hours per week _____

What days are best for you? Monday Tuesday Wednesday Thursday Friday

What time of day is best for you? _____

Date _____ Applicant Signature _____

Full Legal Name: (Please Print) _____

Date of Birth: _____

Volunteer Assignment Location: _____

Have you ever been found guilty, or entered a plea of nolo contendere (no contest) to any crime other than a minor traffic violation? (DUI is not considered a minor traffic violation and must be listed.) An answer is required regardless of whether adjudication was withheld or the charges were reduced by the court, and regardless of whether or not those records have been sealed or expunged. If you check the YES box, you must give complete information for each charge below:

PLEASE CHECK ONE: Yes No

City Where Arrested	State	Date Arrested	Charges	Disposition

Date: _____ Signature: _____

Sexual Predator/Offender Screening		
Office Use Only. To Be Completed By School Personnel.		
Date Predator/Offender Screening Completed: _____		
Site used:	Dru Sjodin	FDLE
Information Verified By (Print Name): _____		
Signature: _____		