



Volunteer Registration



Personal Information:

Full Legal Name: _____ Former/Maiden Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

Social Security # (last 4): _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

School: _____ Names & Grades of Children: _____

Security Information:

1. Have you ever been **convicted or had adjudication withheld** of a felony or other serious crime?
Yes ___ No ___ (If Yes, please indicate in which State _____)
2. Have you ever been **convicted or had adjudication withheld** of a misdemeanor?
Yes ___ No ___ (If Yes, please indicate in which State _____)
3. Are you presently charged with a crime?
Yes ___ No ___ (If Yes, please indicate in which State _____)

(If you marked "YES" to any of the questions above, please explain on an attached sheet)

Statement of Volunteer Service:

I am volunteering my services to the School District of Clay County in order to improve the quality of the educational system. I understand that (1) during my time serving as a volunteer, I am not employed by the Clay County School Board; (2) as a volunteer, I am not receiving unemployment compensation benefits; (3) I do not expect nor do I desire any wages or compensation for the services for which I am volunteering; (4) I have no expectations of employment with the Clay County School Board; (5) I am aware that Level I and Level II background checks of volunteers may be made, per Florida Statutes; (6) and, if I am volunteering as a mentor, an FDLE background check may be made. As a volunteer, I agree to abide by the rules, regulations, policies, and laws of the State of Florida, the Florida State Board of Education, and the Clay County School Board. I agree that the aforementioned statements constitute the terms under which I am providing volunteer service; I hereby agree to these terms; and there are no understandings to the contrary.

Signature: _____ Date: _____

(Falsification of this application will result in the termination of your status as a volunteer)

NOTIFICATION: The Clay County School Board is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin, or disability. Employment of personnel in Clay County is in compliance with Federal and State Laws regarding non-discrimination and preference.

Please Return This Form To The School Volunteer Coordinator



RELEASE AND HOLD HARMLESS AGREEMENT

READ THIS FORM CAREFULLY - IT CONTAINS A FULL AND COMPLETE RELEASE OF LIABILITY

Name of Participant (please print): _____

Date of Birth: _____

By signing below I hereby confirm that I am electing to participate in the _____ being offered at _____ School.

I certify that I have no health problems or physical infirmities which impair my ability to participate in the named event or any associated physical activity (strenuous or other). I know and acknowledge that there are risks involved in all activities including those associated with this one, which risks include the possibility of serious physical injury and death, and I choose to accept all responsibility for my safety and welfare while participating in this activity.

With full understanding of the risks involved in the _____ activities, I hereby release and hold harmless _____ School, the School Board of Clay County,

Florida, employees or agents of the School Board, the adults and sponsors of the activities, the volunteers, and any and all other personnel associated with the activity from any and all responsibility and liability for any injury resulting from participation in the above-described activities.

If I am injured and unable to seek medical treatment, I further authorize emergency medical treatment for me should the need arise for such treatment while I am participating in this activity and agree to be responsible for all costs arising from said emergency medical treatment.

READ THIS FORM CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE ACKNOWLEDGING THAT THERE IS A CHANCE YOU COULD BE INJURED OR KILLED IN THIS ACTIVITY. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO RECOVER DAMAGES FROM THE SCHOOL, THE SCHOOL BOARD, ANY SPONSORS, OR OTHERS WHO SUPERVISE YOU IN THIS ACTIVITY AND ANY PERSONNEL ASSOCIATED WITH THIS ACTIVITY IN THE EVENT YOU SUFFER SERIOUS PERSONAL INJURY OR DEATH. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM. YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE ACTIVITY IF YOU REFUSE TO SIGN THIS FORM. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND ITS TERMS AND KNOW THAT IT CONTAINS A RELEASE OF LIABILITY.

Signature: _____ Date: _____