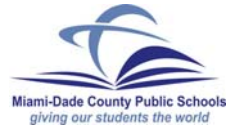


School Volunteer Program (SVP) Registration Form

Volunteers may not start service until they are cleared by the district



Volunteer # _____

PERSONAL INFORMATION

Please note: Name, address and date of birth must be accurate or clearance process will be delayed. Personal information must be as it appears on official documents.

Application Date ____/____/____ Social Security Number ____ - ____ - ____

Name _____
Last First Middle

Home Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____ Email _____

Gender: Male Female Ethnic Group: Black White Hispanic Multiracial
American Indian Asian/Pacific Islander Other _____

Date of Birth ____ / ____ / ____ Emergency Contact Name _____ Emergency Contact # _____
mm dd year

Are you Bilingual? No Yes Language _____

Are you a parent/guardian/family member of (a) student(s) in this school? Yes No

If you are an M-DCPS employee please provide your employee number. _____

If you are an M-DCPS student please provide your student ID number. _____

Are you an active or former member of the law enforcement, a firefighter, a Department of Children & Family Services employee, a judge, a state or assistant state attorney, a prosecutor, a government employee with duties involving human resources, labor relations, code enforcement officers or a spouse or child of the foregoing categories? Yes No

A. Have you ever entered a plea of Nolo Contendere (no contest), a plea of Guilty, been placed in pre-trial intervention program or on probation, or been fined in a criminal proceeding? Yes No

B. Have you ever received an adjudication of guilt, had adjudication withheld, had a criminal case result in a nolle prosequi ("nol pros"), or had a criminal record sealed or expunged? Yes No

If you answered yes to any of the above, you must provide, when requested, a written explanation and certified Clerk of the Court documents to the District Office, for each arrest. Any volunteer with a criminal record will not be placed unless cleared by the School Volunteer Office, Human Resources and the Office of Professional Standards.

BY SIGNING THIS FORM, I AM AGREEING TO A BACKGROUND CHECK BY M-DCPS AND I UNDERSTAND THAT THIS IS AN OFFICIAL DOCUMENT. I AM GIVING TRUTHFUL INFORMATION AND UNDERSTAND THAT GIVING FALSE INFORMATION IS PUNISHABLE AS A MISDEMEANOR. I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE SVP POLICIES AND GUIDELINES.

Signature _____ Date _____

This registration will not be considered as valid unless all sections are fully completed, and registration has been signed and dated. PLEASE ALLOW 10 DAYS FOR PROCESSING.

DISTRICT INFORMATION REQUIRED TO BE COMPLETED BY SCHOOL ONLY

Identification was verified by _____ Title _____ Date ____/____/____

Volunteer was placed at work location # _____

Application approved for input by _____

keep copy of application on file for 2 years from above date

Please Note Policy: A volunteer's service may be terminated at any time, at the discretion of either M-DCPS or the volunteer. A volunteer must report any criminal incident that may have occurred after the initial background check to the M-DCPS Volunteer District Office.

School Volunteer Program (SVP) Registration Form

Volunteers may not start service until they are cleared by the district



Volunteer # _____

Work Location Name: _____

Placement information:

Through what organization/agency are you volunteering?

- | | |
|--|---|
| <input type="checkbox"/> PTA/PTSA: | <input type="checkbox"/> Take Stock in Children |
| <input type="checkbox"/> College: Name _____ | <input type="checkbox"/> Big Brothers Big Sisters |
| <input type="checkbox"/> U.S. Military: Branch _____ | <input type="checkbox"/> Women of Tomorrow |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 5000 Role Models |

Volunteer Placement Categories:

- | | |
|---|---|
| <input type="checkbox"/> Pre K | <input type="checkbox"/> K - 8 Center |
| <input type="checkbox"/> Elementary School (grades K - 5 th) | <input type="checkbox"/> Community School |
| <input type="checkbox"/> Middle School (grades 6 th - 8 th) | <input type="checkbox"/> Adult/Vocational |
| <input type="checkbox"/> Senior High School (grades 9 th -12 th) | <input type="checkbox"/> Child Care |

Place an X in the box next to each activity which you select for volunteer service.

Level 1 (L1 volunteering)	
	Band
	Day Chaperone
	Classroom
	Clerical (Office)
	Exceptional Student
	KAPOW
	Library/Media
	Music
	PTA/PTSA President
	PTA/PTSA Treasurer
	Room Parent
	Tutor
	Special Club Sponsor
	Student Services
	Other: _____

Level 2 (L2 volunteering)	
	Certified Volunteer <small>(M-DCPS course required)</small>
	Listener <small>(Listeners course required)</small>
	Mentor
	Overnight Chaperone
	Oyente <small>(Oyente course required)</small>
	Phys. Ed. Asst./Athletic Asst. <small>(Middle School only)</small>
<p><u>Level 2 volunteering requires fingerprinting.</u> Please see the school volunteer coordinator for an official fingerprint waiver form.</p>	