### HAMILTON SCHOOL BOARD

5683 US Highway 129 South Suite 1 Jasper, Florida 32052

#### SCHOOL VOLUNTEER APPLICATION

Applicants must complete all sections of this form and Section I of the Request for State of Florida Law Enforcement Record Review (HCS 3023). Submit both forms to the Volunteer Coordinator's office for processing. Contact the volunteer coordinator's office at 386-792-7807 if you have any questions.

## This application and record review form expire June 30th of each fiscal year.

Name:			Social Security #				
First		Last	·				
Mailing Addre	ess	Physical	Address				
City		State	Zip _				
Telephone			Work				
How long hav	e you lived at above address?	Years Previou	rs Residence		State		
Birthdate	Ag	e Category: $\Box$ 20	& Under	□62+ Gender	: □ M or □ F		
Occupation		E	Employer				
	I wish		chools that apply:  Elementary   Midd	le/High			
School	Child's Legal Name	Grade	Teacher's Name	M	y Relationship to Child		
Are you prese	ntly a student (aged 18 and un	nder)? □Yes □	No				
I am available to volunteer on the following day(s): Time:							
My relationsh	ip to child/ren						
□ Field Trip			ork: Check All That A room □Other	pply In-School			
If the answer to	any of the following questions	is "yes" you must o	uttach documentation rego	urding the dispos	ition of the charges.		
Have you ever	been convicted of a felony r been convicted of a felony r been convicted of a felony r	charges?	Yes □ Yes □ n? Yes □	No □ No □ No □			
Volunteer Applicant Signature Date							
			District	Office Use			
☐ School Vol	Application submitted unteer law enforcement recor against sexual offender/pred on		APPROVED BY HAMILTON COUNTY SCHOOL BOARD ON				
ini	tials Da	ite	-	Superi	ntendent		
School Volum	teer Coordinator	Date					

HCS 3022 (Revised 1/17)

## HAMILTON SCHOOL BOARD

5683 US Highway 129 South Suite 1 Jasper, Florida 32052 Phone: 386-792-7807 - FAX: 386-792-6601

**SCHOOL VOLUNTEER** 

# REQUEST FOR STATE OF FLORIDA LAW ENFORCEMENT RECORD REVIEW

As an applicant for school volunteer with Hamilton School Board, I hereby grant permission for the Hamilton School Board to request a review of my law enforcement agency records.

Signature			Date		
I. Applicant complete	e (please print)				
Full Name					
A.K.A			Date of Birth		
Social Security No			Driver's License No		
Mailing Address			Street Address		
Phone Number					
II. Law Enforcement	Agency comple	te and retur	en to Personnel Department at above address.		
Record Found:	Yes □	No □			
If yes, explain natur	re				
Law Enforcement Agency			Signature		
Add	ress		Phone		

HCS 3023 (Revised 1/17)