

# **Hamilton County School District**

5683 US Highway 129 South – Suite 1 Jasper, Florida 32052

Phone: 386.792.1228 - Fax: 386.792.3681

Rex Mitchell, Superintendent

School Board Members
Cheryl McCall – District 1
Gary Godwin – District 2
Jeanie Daniels – District 3
Johnny Bullard – District 4
Suezette Wiggins – District 5

June 22, 2017

### Dear Volunteers:

First, I want to thank you for volunteering in the Hamilton County School District. Your volunteer service has proven to be a critical resource for us and contributed directly to the overall success of students, teachers, the school district, and the community in general.

To get the Hamilton County School District's volunteer effort off to a great start, we need your cooperation to update the District School Volunteer List for the 2017-2018 school year.

We ask that you complete the attached volunteer Application Form and return it to me at the below address not later than July 20, 2017.

Upon approval by the School Board, you will be issued a Hamilton County School District Volunteer identification (ID) badge, which must be worn while performing your volunteer duties.

We are extremely excited about the 2017-2018 school year and we acknowledge that your efforts will make a difference.

Thanks again for what you do to help elevate the Hamilton County School District to the next level and all efforts to assist with our family and community outreach.

Sincerely, Paula S., Williams

Paula G. Williams, Family & Community Outreach Coordinator

Hamilton County School District

Office of Volunteer Coordinator

5683 US Highway 129 South - Suite 1

Jasper, FL 32052

#### **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:			Socia	l Security #	ŧ	<u> </u>				
First	MI	Last								
Mailing Addre	ss	P	hysical Address_				····			
City	StateZip									
Telephone			Work							
How long have	e you lived at above	address?	Previous Residen	ce						
		Years		City		State				
Birthdate		Age Category	: 🗖 20 & Under	<b>1</b> 21-61	<b>□</b> 62+ <b>(</b>	Gender: 🗖 M	or □F			
Occupation			Employer_							
		Chec I wish to voluntee	ek <u>all</u> schools tha er at: □Elementar		ddle/High					
School	Child's Legal N	lame Gi	rade Te	acher's Nai	me	My Rela	tionship to Child			
				<del></del>						
Are you presen	ntly a student (aged 1	8 and under)? □Y	es 🗆 No							
am available to volunteer on the following day(s): Time:										
Mv relationshi	p to child/ren									
,	F									
☐ Field Trip (	Only Boost		teer work: Chec ]Classroom		. Apply er In-Scho	ol				
If the answer to	any of the following q	uestions is "yes" you	u must attach docu	mentation r	egarding the	e disposition o	f the charges.			
	been convicted of a			Yes	_					
Have you ever	been convicted of a been convicted of a	felony related to w	alving child	Ye. Iren? Ye.	s□ No: s□ No:					
		relong related to el	innes agamsomive							
Volunteer App	licant Signature				Date		<u>_</u>			
				Distri	ct Office U	Jse				
☐ School Volu	pplication submitted inteer law enforceme against sexual offen		APPROVED BY HAMILTON COUNTY SCHOOL BOARD ON							
	on	_	_							
initials Date					Superintendent					
Cohool Molumb	eer Coordinator	Date	_	L						

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	rn to Personnel Department at above address.	
Record Found:	Yes □	No 🗆		
If yes, explain natu	re			
Law Enforcement Agency			Signature	
Address			Phone	-

HCS 3023 (Revised 1/17)