

Read the application carefully to be sure you can be approved. All Background Checks will be conducted through VECHS. Please see the attached online instructions and fees.

Thank you for your commitment to serve as a school volunteer.

***Required Information**

*Last Name: _____ *First Name: _____ M.I.: _____

*Social Security Number: ____-____-____ *Date of Birth: ____/____/____

*State Born in: _____ *Country of Citizenship: _____

*Gender: _____ *Ethnicity: _____ *Height: _____

*Weight: _____ Hair: _____ *Eye Color: _____

*Daytime Phone: (____) ____-____ Cell Phone: (____) ____-____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

I specifically authorize the release of my confidential criminal history to Florida Southern College pursuant to The National Child Protection Act and F.S. 943.0542. Volunteers may challenge the record only as provided in F.S. 943.056.

- I affirm that my responses are true, complete and correct to the best of my knowledge and are made in good faith.
- I agree to abide by the rules and regulations of the volunteer program. I understand that all involvement with students is restricted to approved school activities.

*Signature: _____ Date: _____

The Roberts Academy at Florida Southern College prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities, or employment. To file your concerns, you may contact the Human Resources Department at 863.680.3964.