

# The Villages® Charter School

## Central Office

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### **Parent Volunteer and Chaperone Policy**

There may be times during the school year when parents are needed to serve as volunteers or chaperones on field trips or extra-curricular activities. These opportunities are limited not only to the number of adults required, but to those who meet the requirements. To ensure the safety of the children at all times, The Villages Charter School has adopted the following policy concerning parents and other adults as volunteers or chaperones for field trips or participation in any off campus event.

Parents/guardians desiring to earn parent involvement hours in the classroom do not need to complete a volunteer application. However, any parent/guardian who would like to serve as a chaperone on a field trip must complete our school volunteer form and submit a copy of their driver's license. Fingerprinting or a background check must be conducted to verify the information provided on the application. Fees may be required at your expense.

For overnight trips or anytime you are on or off campus and assigned to work alone with students (including driving students), you must have your fingerprints taken. Your child's school secretary will hand out directions on how to schedule your appointment and pay for fingerprints online through Fieldprint Inc.. The cost for fingerprinting is \$45.00 and is at the participant's expense and must be completed once every other calendar year in which you decide to participate. Fingerprint and driving checks require 1-2 weeks for approval. Please allow ample time when scheduling appointments with Fieldprint Inc.. Being sensitive to the privacy of all individuals, the results of the completed fingerprint/background check are forwarded to the Central Office. The corresponding school secretary is given notification of the status of the background check, simply stating cleared or not cleared for participation. Details of the background check are kept confidential.

Our efforts to provide an exceptional educational experience to our students can be greatly enhanced through volunteer efforts and off-campus events. Thank you for your understanding and cooperation in helping us to ensure the safety and well-being of all of our children. We appreciate your support and involvement.

# The Villages® Charter School

<b>ADMIN</b>		<b>SECRETARY</b>			
C	<input type="checkbox"/>	SO	<input type="checkbox"/>	DL	<input type="checkbox"/>
BC	<input type="checkbox"/>	HR	<input type="checkbox"/>	FP	<input type="checkbox"/>

## 2017-18 VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

INTERVIEWED BY \_\_\_\_\_

PC IC 4&5 MS HS

CV PV SV PD SD BAAL

**FULL LEGAL NAME:**

\_\_\_\_\_  
 Last First Middle Initial Social Security #

**ADDRESS:**

\_\_\_\_\_  
 Street City Zip

\_\_\_\_\_  
 Date of Birth Driver's License Number State of Issue

Previous state(s) of residence (please list all the states that you have lived in): \_\_\_\_\_

**RESIDENCE PHONE:**

**CELL PHONE:**

**BUSINESS PHONE:**

Do you have any health or physical restrictions or limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

What languages, other than English, do you speak fluently? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list below.

<u>Company Name</u>	<u>Telephone</u>	<u>Duties performed</u>	<u>Years</u>
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What type of volunteer work do you prefer? \_\_\_\_\_

What grade level do you prefer? \_\_\_\_\_

When are you available to assist our students? (\*\*Please note your preferred time under preferred day of week\*\*)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
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\_\_\_\_\_

Are you a parent/legal guardian of a student at this school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then please list below:

Student Name	Grade	Teacher
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Student Name	Grade	Teacher
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Student Name	Grade	Teacher
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# The Villages® Charter School

## FOR THE SAFETY AND PROTECTION OF OUR STUDENTS, A BACKGROUND CHECK MAY BE DONE ON PERSONS WHO PARTICIPATE IN STUDENT CONTACT ACTIVITIES.

I decline to provide this information and realize that this action will affect my ability to participate in student supervision events.

**Being convicted of a crime or having adjudication withheld will not necessarily prohibit you from being approved as a volunteer. All factors regarding the incident(s) will be taken into consideration in determining your suitability or specific assignment. If approved, the misrepresentation of any of this information will result in your termination as a volunteer in The Villages Charter School.**

**A copy of your driver's license must be submitted and filed with this application.**

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication against you other than a minor traffic violation? (DUI is not considered a minor traffic violation and must be listed.) A YES or NO answer is required by Florida Law. You must acknowledge the existence of any criminal or delinquency record regardless of whether the decision was withheld or dismissed by the Court and regardless of whether or not those records have been sealed or expunged. If you check the YES box, you must give complete information for each charge below.

PLEASE CHECK ONE: \_\_\_\_\_ NO \_\_\_\_\_ YES (Attach additional pages, if necessary.)

<u>City Where Arrested</u>	<u>State</u>	<u>Date Arrested</u>	<u>Charges</u>	<u>Disposition</u>
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I understand I am offering my services to The Villages Charter School without compensation. I certify all information given on this application is true and complete. **I understand any misrepresentation, omission, or incorrect statement of fact given by me in this application is cause for my immediate dismissal as a volunteer.** I agree, if I am a volunteer, to abide by all School Board rules, regulations, and policies, either published or in effect by usage, and all rules, regulations, and laws of the State of Florida as may be required by Florida Statutes, the Florida State Board of Education, and The Villages Charter School Board. I understand that I am not covered by worker's compensation insurance or other insurance in connection with my serving as a volunteer and I hereby agree to hold harmless and indemnify The Villages Charter School from and against any injury to my person or property that may arise from my serving as a volunteer.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The Villages Charter School in considering my volunteer application, may verify the information set forth in this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background and driving record if applicable. This includes authorizing the release of information about non-judicial punishment that might have occurred in the Air Force, Army, Navy, Marine, National Guard, or any other branch of the military service. Fees for legal processing of background checks will apply. Volunteers will be notified prior to these fees being assessed.

**I have read, understand, and agree to this statement. (Please initial here)** \_\_\_\_\_

*THE INFORMATION ON THIS APPLICATION BECOMES PUBLIC RECORD UPON RECEIPT: Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability.*

### TO BE COMPLETED FOR INDIVIDUALS PROVIDING TRANSPORTATION IN PERSONAL VEHICLES

DRIVER'S NAME \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ SEATING CAPACITY (with seatbelts) \_\_\_\_\_ TAG # \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Have you had any traffic violations in the past twelve (12) months? PLEASE CHECK ONE: \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please list. \_\_\_\_\_

**I maintain that the above information is correct, that my car is in safe working condition, that I have updated insurance for the driver of the above car, and that my driver's license is valid. (Attach copy of valid driver's license and current insurance card)**

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau



## VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)  
for Criminal History Record Checks under the National Child Protection Act of 1993,  
as amended, and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize The Villages Charter School to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me has previously been requested by:**

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_ have OR \_\_\_ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_ do OR \_\_\_ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: The Villages Charter School

Address: 350 Tatonka Terrace, The Villages, FL 32162

Telephone: 352-259-2350 Fax: 352-259-3850

FDLE Assigned Qualified Entity Number: \_\_\_\_\_