

# The Academie Da Vinci Volunteer Registration Form (Level 1)

YOU MUST COMPLETE AND SIGN THE REGISTRATION FORM BEFORE WE CAN PROCESS IT

VALID FLORIDA DRIVER'S LICENSE MUST BE PRESENTED AND COPY ATTACHED

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER

HOME ADDRESS	(STREET, CITY, STATE, ZIP CODE)

HOME PHONE	CELL PHONE	WORK PHONE

EMAIL ADDRESS	STUDENT NAME	STUDENT HOMEROOM TCHR

Academie Da Vinci Charter School, Inc has a responsibility to its students, staff and visitors. In this regard, all individuals desiring volunteer assignments on our campuses (our facilities) are required to complete a Volunteer Registration Form. Pinellas County Schools reserves the right to refuse volunteer assignments to any individual whether or not he or she has been convicted of any offense. In completing this public document, please understand Academie Da Vinci's sincere concern for the safety of its students, staff and visitors.

By signing below, I agree to the rules and regulations of the volunteer program and that any product produced while a volunteer shall be the property of Academie Da Vinci Charter School, (a work for hire). I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school sponsored activity. I also understand volunteers are not employees or personnel of the school. My signature below certifies that I have read the rules and regulations of the volunteer program. I further agree to maintain the CONFIDENTIALITY of student's information.

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**VOLUNTEER SIGNATURE** **DATE**