

# Academie Da Vinci Volunteer Registration Form

Please PRINT legibly and complete this entire form, front and back.

Please ATTACH A COPY OF YOUR LEGAL/GOVERNMENT ISSUED PHOTO ID

LEGAL First Name \_\_\_\_\_ MI \_\_\_\_\_ LEGAL Last name \_\_\_\_\_

Aliases / Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
Month Day Year

## LEGAL PHOTO ID REQUIRED

Driver's License (State) \_\_\_\_\_ DL/ID Number \_\_\_\_\_ DL/ID Expiration \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Apt# City State Zip Code

Previous Address \_\_\_\_\_

(if less than 5 years) \_\_\_\_\_  
Street Apt# City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Parent Portal ID \_\_\_\_\_

Are you a current or former employee of Pinellas County Schools? \_\_\_\_\_ No \_\_\_\_\_ Yes Where? \_\_\_\_\_

Do you have a child/children attending this school? \_\_\_\_\_ No \_\_\_\_\_ Yes

Child's Full Name Teacher Grade Child's Full Name Teacher Grade

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I would like to volunteer for:

\_\_\_\_\_ Field Trips \_\_\_\_\_ Overnight Field Trips \_\_\_\_\_ Car Line \_\_\_\_\_ Special Events \_\_\_\_\_ Clerical

What days are you available to volunteer? \_\_\_\_\_

Is a Level II Screening needed? \_\_\_\_\_ No \_\_\_\_\_ Yes (There is a fee of \$48.00 required and this is done off campus)

Have you ever had any altercations with any Law Enforcement Agency, pled nolo contendere or no contest to a charge? \_\_\_\_\_ No \_\_\_\_\_ Yes

## **ACADEMIE DA VINCI CHARTER SCHOOL VOLUNTEER GUIDELINES:**

1. All volunteers must Sign In and Out through our volunteer management system during and after schools hours.
2. All volunteers or visitors MUST WEAR AN IDENTIFYING NAMETAG approved by the office of district and Schools security.
3. VOLUNTEERS MUST MAINTAIN STRICT CONFIDENTIALITY concerning information they see and hear concerning students and staff, including students' grades, records, and abilities. This includes disclosing, using, or disseminating student photographs or personal information about students or others.
4. Volunteers DO NOT discipline students. Please report discipline problems to the teacher.
5. Volunteers may not give any medication to students.
6. Volunteers do not diagnose student weaknesses and strengths, prescribe activities for students, or evaluate student progress.
7. Volunteers' discussions with teachers should not interrupt class time.
8. Volunteers should set a good example for students by their manner, appearance, and behavior. Comparing and criticizing teachers and students are not acceptable volunteer behaviors.
9. Volunteers may not hold informal parent/teacher conferences.
10. Volunteers may not conduct personal business at school.
11. Volunteers should never touch students in any way that is aggressive, disciplinary or sexual in nature.
12. Volunteers agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
13. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.

**NOTE:** As a volunteer at ADV, you are representing our school in a variety of settings. Your conduct in and around our school is expected to be reflective of our school vision and values. Any negative behaviors and/or comments exhibited will result in limitations of volunteer privileges.

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Signature

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Date