



# School District of Manatee County

District Use Only

## Volunteer Application

Approved

Denied

<b>Personal Information</b>		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.				
Last Name:		First Name:		Middle Name:		
E-mail Address:						
Home Phone:			Cell Phone:			
Address:			City:		State:	Zip:
DOB: (mm/dd/yyyy)    /    /			Driver's License#:			
Field Trip Chaperone: Y / N		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Any physical limitations: Y / N Indicate		
Overnight Field Trip Chaperone: Y / N						
Hobbies, Interests, Special Skills?		Language Spoken Other Than English:				
		Language Written Other Than English:				
		<input type="checkbox"/> I am a SDMC Employee. Work Location:				
Employer:				Work Phone:		
Employer's Address:			City:		State:	Zip:
<b>Volunteer Information</b>		School Preference:    Lakewood Ranch High School				
Teacher Preferred:    Mr. Ron Lambert				Preferred Grade Level:    9-12th grades		
Type of Work Preferred:    Band Related Activities & Events						
Do you have a child/children at this school? Y / N    If so, provide their name and grade level:						
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - List _____						
Student's Name: (First and Last)			Grade:		Teacher:	
Indicate most convenient time: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
<b>Criminal Offense Review:</b>		Have you been convicted of, had adjudication withheld in, pled nolo contendere to, completed a pre-trial intervention program or been found guilty of a criminal offense in a court of law? Felony Y / N                      Misdemeanor    Y / N				
Are you currently serving probation, parole, or community service as part of a court-ordered sentence and/or disposition? Y / N						
If you answered yes to the questions above in the criminal offense review, you must list on the reverse side of this form, date of arrest or charge, location/arresting agency, specific offense and disposition. This information is required for further review.						

# 2019-2020 Volunteer Application



By signing, I agree to abide by the policies and/or procedures of the School District of Manatee County. I understand that the district / school reserves the right not to place me or to discontinue the use of my services as a volunteer.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

I have read the Volunteer Information Guide.

In case of an emergency, who may we contact on your behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name of School Personnel Processing Application:

Print Name: \_\_\_\_\_

School: \_\_\_\_\_ Work Extension: \_\_\_\_\_

**Attention - Volunteer Coordinator:**

**Keep signed original application and signature page.**

*Please provide a copy to the prospective volunteer.*



## School District of Manatee County COVID-19 RETURN TO ON-CAMPUS VOLUNTEERING Volunteer Health Safety Agreement

The health and well-being of our students and staff is a top priority. With the uncertainties of the COVID-19 pandemic outbreak, we must follow very specific guidelines until the end of the pandemic. This document provides guidance to support the health and safety of our campus community during the current pandemic for all ON-CAMPUS VOLUNTEER ACTIVITIES. As a condition for your return to the on-campus work environment, you are expected to practice and follow these guidelines consistently for the safety of yourself and others you will encounter on-campus. Following these guidelines will help to keep educational/academic interruptions to a minimum and help students stay on track to complete their programs of study;

For my safety, the district will do the following:

- Initiate steps to mitigate the risk and transmission of COVID-19 including the thorough cleaning and disinfecting of the on-campus work environment, to include, but not limited to: offices, classrooms, lab areas, etc.;
- Provide hand sanitizers and hand sanitizing stations on-campus;
- Respond to employee concerns and/or questions as they may arise, and;
- Adapt, adjust, or change procedures or policies to adhere to CDC, state, or federal policy/guidelines.

Employee Expectations: As an employee, I agree to the following conditions:

1. I will not come to volunteer on-campus if I am sick nor stay on-campus if I feel sick, regardless of symptoms. I will contact the head coach / sponsor and appropriate administration so that he/she is aware and can provide guidance as necessary. I will stay in touch regularly with my head coach / sponsor during my absence. If he/she has not provided me with guidance, I will contact my next level supervisor or Human Resources;
2. I will not come to volunteer on-campus if I have been in close contact, as defined by the CDC, with someone who has COVID-19. I will quarantine per CDC guidelines. I will contact my head coach / sponsor and appropriate administration so that he/she is aware and can provide guidance as necessary.
3. If I am diagnosed or are awaiting test results for COVID-19, I will not come on-campus to volunteer. I will immediately notify my head coach / sponsor and appropriate administration of my diagnosis. I will stay in touch with my head coach / sponsor and appropriate administration as I am able. I will not return to volunteer on-campus until: a. a doctor/health professional verifies I have fully recovered OR, b. I follow the additional guidance if I have been directed to care for myself AND, c. I will contact my head coach / sponsor and appropriate administration prior to returning;
4. I will practice social/physical distancing when possible. I will not loiter or socialize on-campus and will leave the premises when not engaged in volunteer-related activities;
5. I will properly wear a protective face covering when on-site. This will be required for entry to any building until I am directed to discontinue.

**All volunteers will complete District COVID screening immediately upon arrival on campus. This will include both screening questions and a temperature check. Failure to do so will result in the loss all on campus privileges.**

Signature By signing below, I agree to the above Employee Expectations as a condition of returning to on-campus volunteering.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

Please Print, Fill Out and Turn this form in for  
EVERY MMB REHEARSAL!

□

## Student In-School Agreement



- Are you sick with flu-like symptoms?  
                                  \_\_\_\_\_YES                                  \_\_\_\_\_NO
- Have you or a family member been tested for COVID-19 in the last 14 days due to a confirmed COVID-19 exposure or symptoms?  
                                  \_\_\_\_\_YES                                  \_\_\_\_\_NO
- Have you been exposed to a positive COVID-19 case in the last 14 days?  
                                  \_\_\_\_\_YES                                  \_\_\_\_\_NO

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_