

Volunteer Registration



*Volunteers in the
School District
of Clay County*

Volunteer Registration 2017-2018
School District of Clay County—Florida

Name _____ Former/Maiden name: _____
(PRINT NAME)

Name of School: _____

Address _____ City _____

Telephone _____ Work Phone _____

Email Address _____

Please check: Youth (Under 21) ___ Adult (21-61) ___ Senior (Over 62) ___ Male ___ Female ___

Social Security # _____ Date of Birth _____

Name of person who can be reached in case of emergency _____

Telephone _____ Your children at this school _____

Days/Times available _____

Area desired or assigned: General Office ___ Media Center ___ Guidance ___ Classroom ___ Student
Activities ___ Health Services ___ Other _____

Security Information:

1. Have you ever been convicted of a felony or other serious crime? Yes ___ No ___
2. Have you ever been convicted of a misdemeanor? Yes ___ No ___
3. Are you presently charged with a crime? Yes ___ No ___ (If you marked "yes" on #1, #2 or #3, please explain on an attached sheet.)
4. Do you consent to a criminal background check on yourself? Yes ___ No ___
5. Length of residency in Florida _____ Former resident state _____

Statement of Volunteer Service:

I am volunteering my services to the School District of Clay County in order to improve the quality of the educational system. I understand that (1) during my time serving as a volunteer, I am not employed by the Clay County School Board; (2) as a volunteer, I am not receiving unemployment compensation benefits; (3) I do not expect nor do I desire any wages or compensation for the services for which I am volunteering; (4) I have no expectations of employment with the Clay County School Board; (5) I am aware that random background checks of volunteers may be made; (6) and, if I am volunteering as a mentor, an FDLE background check may be made. As a volunteer, I agree to abide by the rules, regulations, policies, and laws of the State of Florida, the Florida State Board of Education, and the Clay County Board of Education. I agree that the aforementioned statements constitute the terms under which I am providing volunteer services; I hereby agree to these terms; and there are no understandings to the contrary.

Signature _____ Date _____

(Falsification of this application will result in the termination of your status as a volunteer)

NOTICE: The Clay County School Board is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin, or disability. Employment of personnel in Clay County is in compliance with Federal and State Laws regarding non-discrimination and preference.

THE SCHOOL DISTRICT OF CLAY COUNTY

STATEMENT ON THE COLLECTION, USE OR
RELEASE OF SOCIAL SECURITY NUMBERS OF VOLUNTEERS¹

The School District of Clay County is authorized to collect, use or release social security number (SSN) of volunteers for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the district's duties and responsibilities as prescribed by law [Fla. Stat. §119.071(5)(a) 2 & 3]

1. **Registration information regarding sexual predators and sexual offenders** [Authorized by Fla. Stat. §943.04351 and required by Fla. Stat. §119.071(5)(a) 2 & 6]
2. **Criminal history, Level 1 and Level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available** [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. §119.071(5)(a) 6]
3. **Reports required to be submitted to Florida Department of Education (DOE)** [Authorized and required by Fla. Stat. §119.071(5)(a) 2 & 6]
4. **Tort claims and tort notices of claim against the School Board** [Required by Fla. Stat. §768.28(6) and Fla. Stat. §119.071(5)(a) 6]
5. **Reporting to and reports of worker's compensation injury or death, including for DWC-1** [Required by Fla. Stat. §440.185 and Fla. Admin. Code 69L-3.003, et seq., and Fla. Stat. §119.071(5)(a) 6]
6. **Worker's compensation petitions for benefits and responses thereto** [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. §119.071(5)(a) 6]
7. **Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license** [Authorized by federal law 18 U.S.C. 2721, et seq., and Fla. Stat. §119.071(5)(a) 6]
8. **Identification of blood donors** [Authorized by 42 U.S.C. 405(c)(2)(D)(i) and Fla. Stat. §119.071(5)(a) 6]
9. **Collection and/or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network** [Authorized by Fla. Sta. §119.071(5)(a) 6 and required by Fla. Stat. §119.071(5)(a) 2]
10. **The disclosure of the social security number is expressly required by federal or state law or a court order** [Required by Fla. Stat. §1012.56 and 119.071(5)(a) 6]
11. **The individual expressly consents in writing to the disclosure of his or her social security number** [Authorized by Fla. Stat. §119.071(5)(a) 6]
12. **The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224** [Required by Fla. Stat. §119.071(5)(a) 6]
13. **The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. 2721, et seq.; the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. 6801, et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. §119.071** [Authorized by Fla. Stat. §119.071(5)(a) 6]
14. **The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State** [Required by Fla. Stat. §119.071(5)(a) 6]

¹ Note: This statement lists the reasons for collecting, using or releasing the social security numbers **only of volunteers**. Separate statements set forth the reasons for collecting, using or releasing the social security numbers of students, parents, employees, and individuals other than volunteers.