

**Okaloosa County School District
Office of Community Affairs
Volunteer/Mentor Affidavit**

Thank you for your interest in serving as a school volunteer or mentor. For the protection of our students, the Okaloosa County School District requests a response from each school volunteer to the following items. Volunteers will be asked to complete a new Volunteer/Mentor Affidavit each school year.

1. I agree to acquire, read, and follow the guidelines included in the Okaloosa County School District Volunteer and/or Mentor Handbook.
2. I, _____, as a participant in Okaloosa County's School Volunteer or Mentor Program, agree to keep strictly confidential any information to which I may have access concerning any and all students, thereby meeting the requirements of the Family Education Rights and Privacy Act.
3. I understand that as a participant in the Mentor or Volunteer Program, contact with students is only to take place while at school and/or during school-related activities. Any attempts to communicate or make contact with students by mentors/volunteers outside of school are strictly prohibited.
4. Equity Policy - Prohibiting Discrimination
 - A. It is the policy of the School Board of Okaloosa County to offer students the opportunity to participate in appropriate programs, services, and activities without regard to race, color, religion, sex, age, national or ethnic origin, political belief, marital status, parenthood, pregnancy, disability, sexual orientation, or social and family background.
 - B. Students, while they are in school or participating in school-related activities, are entitled to an environment free of discrimination and/or harassment by other students or adult employees or volunteers. Students should not be subjected to nor should they subject others to:
 - 1) slurs or innuendoes about any characteristics listed in A above;
 - 2) any activity or talk related to A above that creates an offensive educational environment or unreasonably interferes with the individual's school performance or participation in educational opportunities;
 - 3) sexual advances, requests for sexual favors, or physical conduct of a sexual nature.
 - C. All employees and volunteers are expected to work with other employees, to teach students, and to supervise or to be supervised in their work by other employees without regard for race, color, religion, sex, national or ethnic origin, age, marital status, or disability.
5. Drug Free Workplace
 - A. The school district complies with the Drug Free Workplace Act of 1988 to maintain a drug-free workplace. The "workplace" shall be defined by U.S. Code and Code of Federal Regulations - as amended from time to time.
 - B. Each employee and the public is hereby notified by this policy that the unlawful manufacture, dispensing, possession, distribution, or use of a controlled substance or alcohol is strictly prohibited at any and all work sites or work related functions or as a part of any school activity, or any function held on school board property.
6. I am aware that for the protection of students, the Okaloosa County School District requires and conducts FDLE Sexual Offender and Predator screenings on all volunteers. National and Florida Department of Law Enforcement background checks are conducted on all school mentors and spot background checks on school volunteers. In addition, volunteer coaches will be fingerprinted. I hereby approve of such a check on my background.
7. Have you ever been convicted of, pleaded guilty to, pleaded nolo contendere (no contest) or had adjudication withheld for a crime constituting a felony or any act involving moral turpitude?
 Yes No

If you answered "Yes" to the above, do you think that act would reduce your effectiveness as a volunteer? Please explain, or if preferable, make a conference appointment with the principal:

8. References: Please list two individuals whom you have known for at least one year:

Name: _____ Phone: _____

Name: _____ Phone: _____

9. Your Student's Name: _____ Grade _____

10. In what capacity would you like to volunteer? _____

My notarized signature below indicates that the information provided on statements 7 and 8 is correct and that I agree to statements 1-6.

Volunteer's Signature _____

Full Name (please print) _____

Address _____

City, State, Zip Code _____

Email address _____

Home Phone Number _____ Emergency Phone Number _____

Date of Birth _____ Place of Birth _____

Color of Eyes _____ Color of Hair _____ SS Number _____

State of Florida
County of Okaloosa

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

by _____ who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Notary Public

(Notary Seal)

This individual is recommended for appointment as a school volunteer.

School Administrator's Signature

School