SOMERSET ACADEMY WEST FLORIDA

Volunteer Application
2026–2027 School Year

Thank you for your interest in serving as a volunteer at Somerset Academy West Florida. Please complete all sections so we can match your skills and availability with school needs.

VOLUNTEER INFORMATION

Name (please print): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: ☐ Home ☐ Work ☐ Cell Number:_____

Alternate Phone: ☐ Home ☐ Work ☐ Cell Number:_____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Email Address (required): _____

Current Employer (if any): _____

Occupation/Job Title: _____

EMERGENCY & REFERENCE INFORMATION

Emergency Contact Name: _____

Relationship to You: _____

Emergency Contact Phone: _____

Personal Reference (non-family): _____

Reference Phone: _____

BACKGROUND & INTERESTS

Community Organizations, Clubs, or Groups (if any):

Education/Training (highest level completed, certifications, special training):

Interests, Hobbies, Skills, or Sports:

Previous Volunteer Experience (school or other):

Have you volunteered in Escambia County schools before?
☐ Yes ☐ No

If yes, where and when?

How did you learn about the volunteer program at Somerset Academy West Florida?
☐ School Website
☐ Staff Member
☐ Parent/Guardian
☐ Social Media
☐ Community Organization
☐ Other: _____

Why would you like to volunteer at our school?

PLACEMENT PREFERENCES

(We will do our best to honor your preferences, but placements depend on school needs.)

Specific area or program preferred (if any):

Approximate number of hours you wish to volunteer each week: _____

Days you are generally available (check all that apply):
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Best time(s) of day (check all that apply):
☐ Morning ☐ Midday ☐ Afternoon ☐ After school hours

AGREEMENT

I understand that:

- My volunteer placement is at the discretion of school administration.
- I understand that I may not bring anyone with me who is not an enrolled student at Somerset Academy West Florida.
- I must complete and sign all required forms, including the Affidavit of Good Moral Character and any background screening documents, prior to working with students.
- I will follow all Somerset Academy West Florida policies and procedures, including confidentiality requirements and directives from school staff.
- Volunteering is a privilege, and the school may end my volunteer assignment at any time.

Applicant Signature: _____ Date: ___ / ___ / _____

For School Use Only

Date Application Received: ____ / ____ / _____
Volunteer Orientation Date: ____ / ____ / _____
Initial Placement/Assignment: _____
Approved By (Print Name/Title): _____
Signature: _____ Date: ____ / ____ / _____

SOMERSET ACADEMY WEST FLORIDA

Volunteer Affidavit of Good Moral Character
2026–2027 School Year

This form must be completed and signed by all volunteers prior to placement.

VOLUNTEER IDENTIFICATION

Full Legal Name (as it appears on government ID):

Other Names Used (maiden name, prior married names, aliases):

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Volunteer Assignment / Intended Role (if known):

DISCLOSURE OF CRIMINAL HISTORY

For the safety of our students and staff, all volunteers must answer the following question.

Have you **ever** been found guilty, pled guilty, or entered a plea of nolo contendere (no contest) to any criminal offense other than a minor traffic infraction?

- This includes any offense for which adjudication was withheld or reduced.
- This includes charges that may have been sealed or expunged.
- Driving Under the Influence (DUI) is **not** considered a minor traffic infraction and must be reported.

☐ **No** – I have never been found guilty, pled guilty, or entered a plea of nolo contendere to any charge other than a minor traffic infraction.

☐ **Yes** – I have a record as described above. I understand I must list each arrest or charge below, regardless of the outcome or date.

If you answered "Yes," please provide complete information for each incident:

City Where Arrested	State	Date Arrested	Charge(s)	Final Disposition (e.g., adjudication withheld, reduced charge, probation, fine, time served, etc.)

(Attach an additional page if more space is needed.)

ACKNOWLEDGMENT & CERTIFICATION

By signing below, I acknowledge and agree that:

1. The information I have provided on this form is true, complete, and accurate to the best of my knowledge.
2. I understand that withholding information or providing false or misleading information may result in denial or termination of my volunteer status.
3. I consent to Somerset Academy West Florida (and its management organization, as applicable) conducting any background checks, including criminal history checks, deemed necessary or appropriate under state law, district policy, or school policy.
4. I understand that my eligibility to volunteer will be determined in accordance with applicable laws and regulations, and that the school's decision on my volunteer status is final.

Volunteer Signature: _____ Date: ___ / ___ / _____

Printed Name: _____

ADMINISTRATIVE USE ONLY

(Completed by School Personnel)

Background / Sexual Offender/Predator Screening:

- Date Screening Completed: ____ / ____ / _____
- Database/Website Used: _____
- Result: ☐ Cleared ☐ Not Cleared ☐ Additional Review Required

Verified By (Print Name): _____

Title: _____

Signature: _____ Date: ____ / ____ / _____

Comments/Notes (if applicable):