Bay District Schools
School Volunteer & Chaperone
Application Form

School Name: _____

Applicant Name: (Last, First, Middle)		
Address:		
Phone Number:	Work Number:	Driver's License Number:
Date of Birth:	Age Group: _____ under 21 _____ 21-40 _____ 41-60 _____ over 60	
Name of child(ren):	Choice of assignment(s): PreK-5 _____ Grades 6-8 _____ Grades 9-12 _____	

What type(s) of service are you interested in performing? (Please select from the following)

___Art Dimensions ___Math Tutor ___Reading Tutor ___PTO/PTA ___*Chaperone/Field Trip ___Book Fair
___School Advisory Council ___English as a Second Language ___Youth Motivator/Mentor Other:
_____

When are you able to serve?	Monday (Times):	Tuesday (Times):	Wednesday (Times):	Thursday (Times):	Friday (Times):

Who should be contacted in case of emergency?

Name: _____ Phone: _____

Address:_____ Relationship: _____

Requested Info by Safety & Security:

Has this Applicant been Raptor Checked: Yes _____ No _____

Will this Applicant be a Volunteer or Chaperone? Volunteer _____ Chaperone _____

Once this form is completed please proceed to the Safety & Security Fingerprint Office located at

520 School Ave, Panama City, Florida 32401.
Monday -Friday
8am till 4pm

The cost for Fingerprinting is $85 please make sure to bring a Valid Government issued photo ID.

THIS FORM MUST BE SIGNED BY THE PRINCIPAL BEFORE FINGERPRINTING.

Principal Signature: _____