



Calhoun County School District
_____ School Year

Volunteer Recommendation Form

Principal/Supervisor

I recommend the following person as a volunteer in the Calhoun County School System, contingent upon successful completion of a background check through fingerprint analysis.

Principal's Signature _____ Date _____

Volunteer

Name: _____
Last First M.I.

Volunteer Site: _____ Phone: _____

Mailing Address: _____
Street City State Zip Code

Emergency Contact: _____ Phone: _____

Fingerprint Information

Social Security Number: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____
Year Month Day State

Race: _____ Gender: Male _____ Female _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Date Fingerprinted: _____

Fingerprint Clause

I understand, that as a volunteer in the Calhoun County, Florida School System, Calhoun County School District agrees to pay fingerprinting expenses for the necessary background check. If, at any time, I accept employment, including a substitute position, in Calhoun County School District, I agree to reimburse Calhoun County School District for fingerprint expenses.

Signature _____ Date _____