



# Ministry Volunteer Program Background Check for 2023-2024

*Please complete both sides*

Parent/Guardian Name	Phone	Email
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Please list all Students' Name(s) and Grade(s)

**Please check the areas in which you wish to help:**

CLASSROOM HELP	GENERAL SCHOOL HELP	EXTRA-CURRICULAR HELP
<input type="checkbox"/> Arts & Crafts <i>(Elementary)</i> <input type="checkbox"/> Classroom Parties <i>(Holidays)</i> <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Guest Speaker <input type="checkbox"/> General Teacher Help <input type="checkbox"/> Treasure Chest Items	<input type="checkbox"/> Cleaning Projects <input type="checkbox"/> Chick-fil-A Helper <i>(Tuesday)</i> <input type="checkbox"/> Pizza Helper <i>(Friday)</i> <input type="checkbox"/> Maintenance Projects <input type="checkbox"/> Lunch Monitor <input type="checkbox"/> Photography <input type="checkbox"/> Picture Day assistance <input type="checkbox"/> Sewing/Alterations <input type="checkbox"/> Teacher Appreciation Week <input type="checkbox"/> Uniform Room	<u>Academic Support</u> <i>(fees may apply)</i> <input type="checkbox"/> Tutoring <i>(specify subject/s below)</i> _____ <u>Athletics</u> <input type="checkbox"/> Coaching (assistants) <input type="checkbox"/> Golf Tournament  <u>Carpool</u> <input type="checkbox"/> City/Area/Subdivision _____  <u>School Programs/Event Assistance</u> <input type="checkbox"/> Decorations <input type="checkbox"/> Costumes: Sewing/Minor Repairs <input type="checkbox"/> Food/Refreshments <input type="checkbox"/> Rehearsals

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 First Baptist Church of Land O' Lakes/Land O' Lakes Christian School  
**Consent for Local Law Enforcement Check for Staff and/or Volunteer Applicant**

Pursuant to the laws of the State of Florida which prescribe procedures for the hiring of or acceptance of volunteer child care staff, First Baptist Church of Land O' Lakes/Land O' Lakes Christian School requests a local records check on the individual listed below:

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Middle Name

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 SS#

I hereby authorize the Pasco County Sheriff's Department to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to the First Baptist Church of Land O' Lakes/Land O' Lakes Christian School information regarding convictions under Florida Statutes or Statutes of other jurisdictions.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant's Signature



# Pasco Sheriff's Office



## STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): \_\_\_\_\_

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

**Mandatory** (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

**Voluntary**

**From a source other than you**

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_