



Liza Jackson Preparatory School Volunteer Application & Background Search Form

Thank you for applying to volunteer! Please complete this form completely. Be aware that a background check will be performed to ensure the safety of our students. You must submit a new form each year. We appreciate you offering your time and talents to enhance the education of our students.

Student(s) First/Last Name and Grade Level

Legal Name (First MI Last) _____

Maiden Name (if applicable) _____

Date of Birth (MM/DD/YY) _____

Physical Address (Street Address) _____

(City, State Zip) _____

We will share your email address with PATHS (Liza Jackson's Parent/Teacher Organization) so you can be emailed regarding volunteer opportunities unless you indicate you would like it remain private. PATHS typically has no more than 1-2 volunteer opportunities per month.

Email _____ Please do NOT share my email with PATHS _____

Gender _____ Phone _____ Ethnicity _____

Driver's License (State / Number / Expiration Date) _____

Parent Signature _____

FLORIDA NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged by me this ____ day of _____, _____.

(seal)

Signature of Notary Public

Personally Known _____
OR Produced Identification (type) _____