

**District School Board of Pasco County  
Communications and Government Relations Department  
Office of Volunteer Programs**

**VOLUNTEER REGISTRATION  
2011 Great American Teach-In (GATI)**

**PLEASE PRINT (only one applicant per registration)**

Date of Registration: \_\_\_\_\_ School: \_\_\_\_\_

- Ms.
- Mrs.
- Mr.
- Dr.

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Best telephone number to reach you: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

What is the topic of your student presentation? \_\_\_\_\_  
\_\_\_\_\_

Your Age Group (circle one): 19 or under 20-54 55+

PERSONAL INQUIRY WAIVER

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME? Yes No  
If answered "yes," your participation in the Great American Teach-In is at the discretion of the school administrator and/or you may be under direct supervision of the school administrator while on the school campus.

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

FOR SCHOOL USE ONLY

*By signing below, I indicate that the Sexual Predator/Offender background check was conducted according to district procedure.*

School Contact Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sexual Predator/Offender Background Check Conducted: Yes

*School GATI Coordinator: Keep this record in your files.*