VOLUNTEER REGISTRATION FORM

School Year <u>2019 - 2020</u>

We appreciate your interest in your school and your offer to volunteer. An incomplete or unsigned form will not be considered.

* A COPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED *
Last Name Middle Name Middle Name
Date of Birth/ Male Female Social Security #
Street Address: City: State: Zip:
Home Phone: Business Phone:
Email:
School(s): Teacher Name:
Student(s) Names:
Have you ever been convicted of a felony or misdemeanor criminal offense? Yes No If so, please give explanation and statement of sentence imposed. (Conviction does not necessarily disqualify candidate.) Failure to truthfully provide the information requested is cause for disqualification.
Emergency Contact Person Emergency Phone
Number of Hours Available to Volunteer Grade Level(s)
Please state your reason(s) for volunteering for the School District.
Special skills you can offer: (i.e., art, languages, reading, math, drama, music, etc)
Personal References (not related): Telephone Number:
1.
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Do you have any physical or health problems which would prevent you from performing specific kinds of work? Providing this information will not preclude you from volunteering; it will assist in providing a positive volunteering experience.
Yes No If yes, give details:
I certify under penalty of perjury and in conformance with Education Code §35021 that I am not required to register as a sex offender pursuant to Penal Code section 290. I understand that, in accordance with District policy, school administrators will verify this information via the California Megan's Law database.
Signature Date
OFFICE USE ONLY:
Volunteer's Supervisor: TB Clearance applicable to district? Yes No
ASCC or fingerprint criminal background check required? Yes No TB Clearance:
DOJ Megan's Law check required? Yes No DOJ Megan's Law check date

Revised: January 2012