

SCHOOL YEAR: _____

SAN DIEGO UNIFIED SCHOOL DISTRICT
Community Relations Department
SCHOOL VOLUNTEER APPLICATION

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ DATE OF BIRTH _____
(STREET) (CITY) (ZIP) MO/DAY/YR

HOME PHONE _____ E-MAIL _____ Gov Issued ID Type _____
ID # _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)

CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE (NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer. _____ New _____ Returning

Are you also a volunteer at another SDUSD school? _____ YES _____ NO

If yes, please indicate the school(s): _____

Do you have any criminal charges pending against you? _____ YES _____ NO

Have you ever been convicted* of a felony or misdemeanor? _____ YES _____ NO

Have you ever been convicted* of a sex, drug or weapon related offense? _____ YES _____ NO

Are you required to register as a sex offender under Penal Code 290.95? _____ YES _____ NO

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: _____

Parent Volunteers: Please check whether you plan to drive for a field trip during the school year. _____ YES _____ NO

Please list the name(s) of your child(ren): _____

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: _____ Date: _____

TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): _____

Volunteer category (check appropriate box and indicate date cleared):

- Category B + Megan's Law database check - cleared _____
- Category C + SDUSD School Police background check - cleared _____
- Category D + Fingerprinting - cleared _____

Type of volunteer (check if appropriate):

- ____ Parent _____ OASIS Volunteer _____ CalWORKS
- ____ Community _____ Rolling Reader/EAR _____ Other _____
- ____ Partner _____ College Student

Volunteer service ended (date): _____

Reason for leaving:

- ____ Child no longer at school
- ____ Moved _____ Illness
- ____ Employment _____ Requested to Leave
- ____ Other _____

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS.