

SCHOOL YEAR: _____

**SAN DIEGO UNIFIED SCHOOL DISTRICT
SCHOOL VOLUNTEER APPLICATION**

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

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

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

Gov Issued ID Type _____

HOME PHONE _____ E-MAIL _____ 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 ___YES ___NO
for a field trip during the school year,

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
___ Community ___ Rolling Reader/EAR ___ CalWORKS
___ Partner ___ College Student ___ Other _____

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