

SEBASTOPOL UNION SCHOOL DISTRICT

School Volunteer Application

Information provided on this form is confidential and will be used only for Volunteer Program purposes.

DATE: _____ SCHOOL: _____

FULL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ HOME PHONE: _____ WORK PHONE: _____

DRIVERS LICENSE (Photocopy Driver's License or California DMV ID and attach) OR

PHYSICAL DESCRIPTION (Height, Weight, Hair Color, Eye Color, Outstanding Features): _____

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? YES NO

WHERE DO THEY ATTEND?: _____

VOLUNTEER EXPERIENCE: _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1: _____
(Name) (Address) (Phone)

2: _____
(Name) (Address) (Phone)

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

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a sex or drug related offence or crime of violence? YES NO

Mental Health License or Credential? YES #: _____ NO

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

"I understand that the district may research my personal and professional background. 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. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. As a guest and volunteer of this school or district, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex- or drug-related offenses or crimes of violence and that there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY DISTRICT

TB TEST COMPLETED (Date): _____

VOLUNTEER SERVICE ENDED (Date): _____ REASON FOR LEAVING: _____