VOLUNTEER APPLICATION FORM
FORM 9212

All school volunteers must complete this application form in order to volunteer in the Clovis Unified School District ("District"). For the safety of the volunteer, and that of the District's students, a background check will be completed on all applicants. Volunteers should attach a copy of their legal photo ID to be kept on file. Volunteers shall also comply with Board Policy Nos. 3204 – Field Trips, and 8302 – Transportation of Students by Private Vehicle, if applicable.

BACKGROUND INFORMATION OF VOLUNTEER:

Name as is appears on ID:_____

First Name *Middle Initial* *Last Name* *Other*

_____

Street Address *Apartment #* *City/State* *Zip*

_____

Home Phone *Work Phone* *Alternate Phone*

California Driver's License # (opt.):_____ Male ❑ Female ❑ Date of Birth_____

VOLUNTEER SCHOOL SITE LOCATION:

I am interested in the following volunteer placements at_____School: Classroom Assistant ❑

Coach ❑ Field Trip Chaperone ❑ Overnight Field Trip Chaperone ❑ Tutor ❑ Intern ❑ Other ❑

Do you have a child/children attending this school? No ❑ Yes ❑ Name(s)_____

Are you currently a student in the District? No ❑ Yes ❑ Where?_____

Are you currently an employee of the District? No ❑ Yes ❑ Where?_____

Have you ever been convicted of, or plead guilty to, a criminal felony or misdemeanor? No ❑ Yes ❑

If yes, please give date(s) and explain:_____

_____

VOLUNTEER AUTHORIZATION:

I agree to abide by all state and federal laws, and all policies and regulations of the Governing Board of the District, including the rules and regulations of the volunteer program. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or at a school-sponsored activity.

I agree to volunteer my services, without compensation or reimbursement, for the District. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code Section 58751.

I agree to indemnify and hold harmless the District, its officers, employees and agents, from all claims, liability, or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the District and activities associated with the volunteer program.

This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

_____ _____

Volunteer Signature *Date*

(For Office Use Only)

Fingerprint Clearance Received: No ❑ Yes ❑ Megan's Law Clearance Received: No ❑ Yes ❑

Volunteer Placement Made: No ❑ Yes ❑

NOTE: Principal must check for Megan's Law clearance if volunteer is not fingerprinted (http://www.meganslaw.ca.gov)

Volunteer information *(name, date of birth, signature and photo ID)* and fingerprint clearance/Megan's Law clearance verified by:

_____ _____ _____

Employee Signature *Date* *Department/Site*

Original to be retained at site
Copy to applicant

Adopted: 8/24/05
Amended: 9/8/05
Amended: 1/30/06
Reviewed: 3/6/07
Reviewed: 10/1/08
Amended: 5/18/10