

SAN DIEGO UNIFIED SCHOOL DISTRICT
SCHOOL VOLUNTEER APPLICATION

DATE DISTRICT SPONSOR SCHOOL Dailard

FULL NAME (FIRST) (MIDDLE) (LAST)

ADDRESS (STREET) (CITY) (ZIP) DATE OF BIRTH 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:

I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask. ___ YES ___ NO

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
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