

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  
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
- \_\_\_ Community
- \_\_\_ Partner
- \_\_\_ OASIS Volunteer
- \_\_\_ Rolling Reader/EAR
- \_\_\_ College Student
- \_\_\_ CalWORKS
- \_\_\_ Other \_\_\_\_\_

Volunteer service ended (date): \_\_\_\_\_

- Reason for leaving:
- \_\_\_ Child no longer at school
  - \_\_\_ Moved
  - \_\_\_ Employment
  - \_\_\_ Illness
  - \_\_\_ Requested to Leave
  - \_\_\_ Other: \_\_\_\_\_

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