San Diego Unified
SCHOOL DISTRICT

SCHOOL VOLUNTEER APPLICATION

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____ SCHOOL YEAR: _____
(FIRST) (MIDDLE) (LAST)

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

HOME PHONE _____ E-MAIL _____

ID #_____ TYPE OF ID _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)

CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (PHONE)

Are you 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
If "yes," please explain:	
Please indicate whether you plan to drive for a field trip	☐ Yes ☐ No
Please list the name(s) of your child(ren):	

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or or verdict of guilty.

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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

⬜Category B	⬜Megan's Law database check cleared	Date:
⬜Category C	⬜SDUSD School Police background check cleared	Date:
⬜Category D	⬜LiveScan Fingerprinting cleared	Date:

Type of volunteer (check if appropriate):

____Parent ____OASIS Volunteer ____Community ____RollingReader/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

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

Revised September 2025