

SCHOOL YEAR: _____

NUESTRO ELEMENTARY SCHOOL DISTRICT VOLUNTEER APPLICATION

DATE: _____

FULL NAME _____
(FIRST) (MIDDLE) (LAST)

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

HOME PHONE _____ E-MAIL _____ Gov Issued ID Type _____
ID # _____

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

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

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (ADDRESS) (PHONE)

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. 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. Volunteer
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 service ended (date): _____

Reason for leaving:
____ Child no longer at school
____ Moved _____ Illness
____ Employment _____ Requested to Leave
____ Other _____

Type of volunteer (check if appropriate):
____ Parent _____ OASIS Volunteer _____ CalWORKS
____ Community _____ Rolling Reader/EAR _____ Other _____
____ Partner _____ College Student