

AMADOR COUNTY UNIFIED SCHOOL DISTRICT/AMADOR COUNTY OFFICE of EDUCATION

2020-2021 SCHOOL VOLUNTEER APPLICATION

Thank you for your time and interest in being an Amador County Unified School District volunteer! Volunteers are welcomed in our district and are a valuable member of our learning community. As part of the pre-volunteer process, you are required to undergo a criminal background investigation and provide verification of tuberculosis screening clearance. **If you will be a volunteer driver for any student activities, you must also complete the "School Driver Registration Form" and fulfill the requirements of that process.** Thank you for your support of our students!

Personal Information

Last Name	First Name	Middle Initial	Date of Birth
Address	City	State	Zip Code
Work Phone	Other Phone (<i>please identify</i>)		E-mail
In case of emergency notify:			Phone Number
School site(s) where I will be volunteering:			
<u>PLEASE MAKE SURE YOU ANSWER THIS QUESTION</u>			
Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? ___ Yes ___ No			
If "yes" list on the back of this sheet all convictions including, but not limited to convictions for "driving under the influence", and convictions for sex and/or drug offenses as listed in California Education code Section 44010 and 44011.			
<u>Attached with application:</u>			
___ TB Clearance valid through: _____ (<i>issuance date plus 4 years</i>)			
___ Copy of current Driver License			

Volunteer Type:

<input type="checkbox"/>	Student Teacher
<input type="checkbox"/>	Parent - student name(s):
<input type="checkbox"/>	Other:
N/A	Coaching Applications are available on the District Webpage. www.amadorcoe.org

I hereby certify that the information contained in the application form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to volunteer.

Signature of Volunteer

Date

Signature of Site Administrator

Date

Education Code 3502 prohibits the District from allowing persons required to register as a sex offender under Penal Code 290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code 35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code 290.4

<u>SITE TO COMPLETE:</u>	Past year ACUSD/ACOE approved volunteer	(Yes or No)
Site confirmed that attachments are included.		_____ (Initials)

<u>District Office use only:</u>	Notes:
T.B. clearance date: _____	Fingerprint clearance date: _____