

CLOVIS UNIFIED SCHOOL DISTRICT

VOLUNTEER APPLICATION FORM

All school volunteers must complete this application form in order to volunteer in the Clovis Unified School District ("District"). For your safety, and that of the District's students, a background check will be completed on all applicants. Please attach a copy of your legal photo ID to be kept on file.

BACKGROUND INFORMATION:

Legal Name: _____
(as it appears on ID) First Name Middle Initial Last Name Other

Home Address: _____
Street Apartment # City/State Zip

Contact Information: _____
Home Phone Work Phone Alternate Phone Email Address

California Driver's License # (opt.): _____ Male Female Date of Birth _____

VOLUNTEER SCHOOL SITE LOCATION:

I am interested in the following volunteer placements at Buchanan High School: Classroom Assistant

Coach Field Trip Chaperone Overnight Field Trip Chaperone Tutor Intern Other **Band Booster**

Do you have a child/children attending this school? No Yes Name(s) _____

Are you currently a student in the District? No Yes Where? _____

Are you currently an employee of the District? No Yes Where? _____

Have you ever been convicted of, or plead guilty to, a criminal felony or misdemeanor? No Yes

If yes, please give date(s) and explain: _____

I agree to abide by all state and federal laws, and all policies and regulations of the Governing Board of the District, including the rules and regulations of the volunteer program. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or at a school-sponsored activity.

I agree to volunteer my services, without compensation or reimbursement, for the District. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code Section 58751.

I agree to indemnify and hold harmless the District, its officers, employees and agents, from all claims, liability, or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the District and activities associated with the volunteer program.

This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

Volunteer Signature

Date

(For Office Use Only)

Volunteer information (name, date of birth, signature and photo ID) verified by:

_____ Employee Signature	_____ Date	_____ Department/Site
Fingerprint Clearance Received No <input type="checkbox"/> Yes <input type="checkbox"/>	Megan's Law Clearance Received No <input type="checkbox"/> Yes <input type="checkbox"/>	
Volunteer Placement Made No <input type="checkbox"/> Yes <input type="checkbox"/>		

*Original to be retained at site
Copy to applicant*