



SAN DIEGO UNIFIED SCHOOL DISTRICT
Community Relations Department
SCHOOL VOLUNTEER APPLICATION



Information provided on this form is confidential and will be used only by the Community Relations Department.

DATE: _____ SCHOOL: _____

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

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

HOME PHONE _____ WORK PHONE _____

STATE ID # or DRIVER'S LICENSE # _____ EMAIL ADDRESS _____

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____ MALE _____ FEMALE _____

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

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

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

VOLUNTEER EXPERIENCE _____

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

Do you have any criminal charges pending against you? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a sex or drug related offense? YES NO

Are you required to register as a sex offender under Penal Code 290.95? YES NO

For security reasons, a criminal history check may be made through the police department. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you have been convicted of a felony or 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 _____

WHITE COPY - Send only WHITE COPY to Community Relations Dept., Rm. 2121, Eugene Brucker Education Center.

YELLOW COPY - Retain at site. When volunteer service ends, indicate reason on YELLOW COPY and send to Community Relations Dept., Rm. 2121, Eugene Brucker Education Center.

PINK COPY - Retain and file at site.

TO BE COMPLETED BY VOLUNTEER COORDINATOR

Volunteer category (check if appropriate):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> OASIS Volunteer | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Rolling Reader | <input type="checkbox"/> Community |
| <input type="checkbox"/> College Student | <input type="checkbox"/> Partner |
| <input type="checkbox"/> CalWORKS | <input type="checkbox"/> Other _____ |

TB test completed (Date): _____

District Administrative Procedure #4595 Attachment 1

Volunteer service ended: _____
(DATE)

Reason for leaving:
 Moved Requested to leave
 Employment Other _____
 Illness

Revised January 2007