

## 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 \_\_\_\_\_ School: Classroom Assistant   
Coach  Field Trip Chaperone  Overnight Field Trip Chaperone  Tutor  Intern  Other

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  Yes       Megan's Law Clearance Received    No  Yes   
Volunteer Placement Made      No  Yes

*Original to be retained at site  
Copy to applicant*