

YUBA CITY UNIFIED SCHOOL DISTRICT

750 Palora Avenue

Yuba City, California 95991

(530) 822-5200 www.ycusd.org

VOLUNTEER APPLICATION

TYPE OR PRINT (use ink)

NAME _____
First Middle Last

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL _____

Volunteer Assignment/Teacher's Name _____ School Site _____

Administrator's Approval: _____

Reason for volunteering:

- Classroom More than 2 times per month; requires TB Risk Assessment form completion
- Field Trip
- School Activities (Book fair, Jog-a-thon, Carnival, Library)
- Other

******PLEASE NOTE: If you are going to be left alone with a group of students, fingerprint clearance is required**

Have you ever been convicted of a crime? Yes _____ No _____

****Note:** You may answer "no" if the conviction is specified in Health and Safety Code (HSC) Section 11361.5 which pertains to various marijuana offenses, or, if the conviction was a violation under HSC Section 11557 or its successor Section 11336 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana.

Have you ever convicted of driving under the influence or other major driving violations or had two or more moving violations within the past 12 months? Yes _____ No _____

IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE TWO QUESTIONS, EXPLAIN IN WRITING AND ATTACH THE STATEMENT TO THIS FORM.

REFERENCES: List three persons who are not related to you, who have definite knowledge of your qualifications and fitness to perform the volunteer services for which you are applying.

Full Name	Address	Phone	Occupation

LIST BELOW PRESENT AND PAST EMPLOYMENT (beginning with your most recent)

DATE		Job Title/Duties	Hours per wk	Employer-Name, Address and Phone
From	To			

I, HEREBY, CERTIFY that all statements made herein are true and correct to the best of my knowledge, and I authorize the investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Signature of Applicant _____ Date _____