Kings Canyon Unified School District

Volunteer Application Form

Volunteer Name _____

All school volunteers must complete this application form in order to volunteer in the Kings Canyon Unified School District. For the safety of the volunteer, and that of the District's students, a background check will be completed on all applicants. Volunteers should attach a copy of their legal photo ID to be kept on file. If transporting students, a separate form will be required.

Name as it appears on ID: _____

First Name Middle Initial Last Name

_____

Street Address Apt. # City/State zip

_____

Home Phone Work Phone Cell Phone

California Driver's License #: _____ Male ○ Female ○ Birth Date _____

Volunteer School Site Location:

I am interested in volunteering at _____School(s) as:

Classroom Assistant ○ Field Trip Chaperone ○ SCICON ○

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

_____

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

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

If yes, please give date(s) and explain_____

Volunteer Authorization: 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's Signature Date

(For Office Use Only)

Fingerprint Clearance Received: No ☐ Yes ☐

Volunteer Placement Made: No ☐ Yes ☐

Megan's Law Clearance Received: No ☐ Yes ☐ Date_____

NOTE: Principal must check for Megan's Law clearance if the Volunteer is not fingerprinted (http://www.meganslaw.ca.gov)

Volunteer information (name, date of birth, signature and photo ID) and fingerprint clearance/Megan's Law clearance verified by:

_____ _____ _____

Employee Signature/printed name **Date** **Department/Site**