



PRIOR EXPERIENCE: Please list below any prior experience in which you have worked as a volunteer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>PERSONAL REFERENCES (Relatives not included):</b>		
<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Name</b>	<b>Address</b>	<b>Telephone</b>

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I understand that false statements on the application shall be considered sufficient cause for dismissal. I release from all liability persons and organizations reporting information required by this application. My signature below authorizes release of information in connection with my application for volunteering. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Tracy Unified School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: Law enforcement agencies and information for any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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School Acknowledgement by:

Principal \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_



To be completed by Human Resources.

Fingerprinting Appt. \_\_\_\_\_

DOJ: \_\_\_\_\_ FBI \_\_\_\_\_ School Notified: \_\_\_\_\_

SID: \_\_\_\_\_

TB Exp: \_\_\_\_\_

Code: \_\_\_\_\_