

*** A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH SCHOOL YOU WISH TO VOLUNTEER AT. ***

SCHOOL SITE AND PERSONNEL SERVICES USE ONLY:

School to Volunteer at:	Fingerprint Clearance Recv'd:
Site Administrator's Approval and Signature/Date:	TB Clearance/Expire Date:
Mandatory Training Attendance Date:	Vaccination/Weekly Testing:

BARSTOW UNIFIED SCHOOL DISTRICT

551 South Avenue H, Barstow, CA 92311 / 760-255-6001 | Fax 760-256-7949

VOLUNTEER APPLICATION FORM

Thank you for your willingness to share your time and talents with our District. To ensure the safety of our students, all volunteers are required to complete this application form. You will be required to have a background check/Fingerprint Clearance, and TB Clearance every four (4) years. You will also be required to comply with the Governor's and CDPH mandate for all public schools to show proof of full COVID-19 vaccination or submit to weekly testing to ensure you are not positive for coronavirus.

Volunteers must also attend the Volunteer Training provided by the District. You will not be eligible to volunteer until you have completed and met all the requirements.

VOLUNTEER INFORMATION:

Last Name	First Name, Middle Initial	Social Security #:
Previous Name(s):	Driver's License:	Date of Birth
Address-Street, City, State, Zip:		
Contact Phone No.	Emergency Contact Name and Phone Number:	

Please list all children who attend District:

Child's Last Name, First Name	School Attending	Grade Level	Volunteer at:
			Yes No
			Yes No
			Yes No
			Yes No

Are you a current employee of Barstow USD? Yes or No. If yes, what capacity? _____

I am interested in volunteering with the following: (Check all that apply)

Classroom Volunteer Field Trips Other. Please Specify: _____

STATEMENT OF UNDERSTANDING

Barstow Unified School District believes every student should be able to enter a learning environment free from crime, violence, drugs, and abuse. In the interest of our students, staff and community, the District reserves the right to screen all volunteer applicants for any record of criminal history. All volunteers are subject to an investigation to determine that they are not registered sex offenders, and /or have drug convictions and/or convictions of committing serious and/or violent felonies in accordance with Education Code 35021 and Administrative Regulation 1240.

Have you ever been convicted of a misdemeanor or felony, or currently have charges pending against you? Yes / No

If yes, list all convictions including, but not limited to convictions for "driving under the influence," and provide a brief explanation.

I certify that I have made true, correct and complete answers and statements on this Volunteer Application Form in the knowledge that they may be relied upon in considering my application, and I authorize investigation of all statements contained in this form. I understand that any omission or falsely answered statements made by me on this application or any supplement to it will be sufficient grounds for failure to be approved as a volunteer.

Signature of Volunteer Applicant: _____ **Date:** _____