

Instructions:

- Return completed form and proof of TB to your school site.
- Once your application is approved by the site, Human Resources will contact you to schedule a fingerprinting appointment.

VOLUNTEER APPLICATION

TRACY UNIFIED SCHOOL DISTRICT
1875 West Lowell Avenue
Tracy, CA 95376
(209) 830-3260 fax (209) 830-3264

NAME _____
(Last) (First) (Middle)

ADDRESS _____

TELEPHONE NUMBER _____ **MESSAGE NUMBER** _____

WORK NUMBER _____

Driver's Lic. #: _____ Date of Birth: _____

Volunteer/School Site(s) _____ Student(s)' Name: _____

Please circle scheduled days at the site: M T W Th F

Have you ever been convicted for **any** offense against the law? _____ If yes, please explain. You may omit minor traffic violations. Drunk or reckless driving is not a minor offense. (The existence of a criminal record does not automatically bar you from volunteering. However, failure to report is cause for disqualification or dismissal.)

Are there any criminal charges currently pending against you? _____ If yes, please explain:

To insure the safety of our students, a criminal history investigation will be conducted through the Department of Justice and the Federal Bureau of Investigation. Investigation may also be performed by the Tracy Police Department. This process will require you to be fingerprinted by the Human Resources Office. **There is a \$25 fee for fingerprinting.** Work and/or personal references will be called. **We recommend that you start the volunteer process at least 2-3 weeks before the event.** Return the enclosed forms to the school office for review. **For your application to be complete you must submit proof of a negative TB test result.**

If you are currently employed by Tracy Unified School District, please list:

Present Job Site: _____ **Position:** _____

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

PERSONAL REFERENCES (Relatives not included):		
Name	Address	Telephone
Name	Address	Telephone

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** _____

School Acknowledgement by:

Principal _____ Date _____

Comments: _____



To be completed by Human Resources.

Fingerprinting Appt. _____

DOJ: _____ FBI _____ School Notified: _____

SID: _____

TB Exp: _____

Code: _____