

VOLUNTEER APPLICATION

Name: _____ Social Security #: _____

Address: _____ D.O.B: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

I am related to _____ Student Name. I am his/her: (circle one)

Parent Guardian (legal) Grandparent Sibling Aunt/Uncle Other _____

Volunteer Activities or Experience: _____

Reason you would like to volunteer: _____

Statement:

I hereby declare under penalty of perjury that I have not been convicted of a felony. I understand that the Stanislaus County Office of Education will check the Department of Justice, Sexual Offender Registry to verify that I am not a registered sex offender.

Signature

Date Signed

****Please complete page #2 if a Department of Justice fingerprint clearance is required.**

BT:mb
Revised: 11/28/01; 10/22/08
BT:sm 02/10/10; 07/25/12; 02/07/18; 2/4/19

Please answer the following questions. All yes answers must be explained in the space below. Attach additional sheets if necessary.

- 1. Have you ever been employed under another name? Yes No

- 2. Has your driver's license ever been suspended or revoked? Yes No

- 3. Have you ever been convicted of a crime? Yes No
 (Prior convictions will not necessarily exclude a
 Volunteer from volunteering)

I hereby certify that all statements made on this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of volunteering for the Stanislaus County Office of Education.

Signature

Date