



2023- 2024

Volunteer Application Form

Pleasant Valley School District

Driver's License Expires: ____/____/____

☐ One-time, Date: ____/____/____

☐ Ongoing - This Current School Year

School Site/Department: _____ Date: ____/____/____

All volunteers must provide a copy of their Driver's License or other picture ID. Volunteers must respect confidentiality and student privacy. Volunteers must adhere to Board Policy 1250 and ensure that their presence in the classroom or on campus does not interrupt the instructional program. Volunteers are expected to comply with and uphold all school and District rules and procedures. Concerns or questions must be referred to school personnel.

Volunteer Information (please print legibly): Name: _____

Address: _____
Street Address City State Zip Code

Phones: Cell _____ Work _____ Home _____

Parent/Guardian/Relative of: _____ If not Applicable, Name of Contact at this Site: _____

Student(s): 1 _____ 2 _____ 3 _____

Teacher(s): 1 _____ 2 _____ 3 _____

(Please list the name of the student's homeroom teacher below each student's name.)

Please check ALL applicable boxes:

Activities supervised by certificated employee: (These do not require fingerprinting or additional certificates.)

- ☐ On-Site Classroom/Class Activities/Other Activities during School/Department hours.
☐ Field Trips students remain in line of sight of Certificated Employee
☐ After School Activity (Not Coach/Asst. Coach) - Supervised by Certificated Employee (Name): _____
☐ Other (Specify): _____

Activities that require Fingerprinting/TB test/Certificates:

- ☐ Activities during Recess/Lunch/After School without Certificated person present: (Specify): _____
☐ Coach/Asst. Coach (Specify Activity): _____ Start Date: _____
☐ Field Trips that are overnight or students leave a Certificated Employee's line of sight (Specify): _____
☐ Other (Specify): _____

Background/Security Information:

As an adult, have you ever been convicted of or are awaiting trial for any crime?

- ☐ No ☐ Yes If you answered yes, attach a complete and accurate explanation of the incident. A conviction may not necessarily disqualify you from serving in the District, but failure to answer truthfully will be cause for denial.

Certification: Your signature below certifies that you declare under penalty of perjury under the laws of the State of California that you have completed the above information truthfully and understand that if the information is not accurate, your volunteer services will be terminated. Your signature further certifies your agreement to maintain confidentiality, to respect student privacy, and to follow Board Policy as outlined in BP 1250. The Pleasant Valley School District reserves the right to conduct a criminal background check of school volunteers as permitted by law.

Print Name:

Signature:

Date:

***** Volunteers not supervised by Certificated Employee may not start until approved by Human Resources *****

School Site/Department Use:

- ☐ Copy of driver's license or other picture identification attached.
☐ Fingerprint fees paid by: ☐ Volunteer ☐ School/Department Purchase Order #: _____
☐ Certificated supervision will be provided by: _____

School Site/Department Approval: _____
Site Administrator/Department Manager Date Approved Start Date

District Office Use: DL ☐ TB ☐ Fingerprints: DOJ ☐ FBI ☐ Coaches: CPR ☐ First Aid ☐ Concussion ☐ Cardiac ☐

Expiration Dates: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Application Approved: _____
Director of Human Resources Date Approved Start Date