

**Old Adobe Union School District
School Volunteer Application – Parents or Community Member**

Information provided on this form is confidential and will be used only for Volunteer Program purposes.

DATE _____ SCHOOL _____

FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (ZIP)

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____

DRIVER'S LICENSE or CALIFORNIA DMV ID (District will copy and attach this form) **OR**

RECENT PHOTOGRAPH (District will copy) SEX ___ HAIR ___ EYES ___ HEIGHT ___ WEIGHT ___

VOLUNTEER EXPERIENCE (optional) _____

INDIVIDUALS TO CONTACT IN CASE OF EMERGENCY:

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Do you have any criminal charges pending against you? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

Have you ever been convicted of a sex or drug related offense or crime of violence? ___ Yes ___ No

Mental Health License or Credential: ___ Yes # _____ ___ No

Are you required to register as a sex offender under Penal Code 290.95? ___ Yes ___ No

Have you been fully vaccinated with the COVID-19 vaccine? ___ Yes ___ No ___ Decline to State*

*if No or Decline to State, weekly testing required; see Volunteer Code of Conduct)

(District will copy Proof of Vaccination and attach this form)

"I understand that the district may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. As a guest and volunteer of this school or district, I may have occasional or frequent contact with students. I understand that this required me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex- or drug-related offenses or crimes of violence and that there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

SIGNATURE _____ DATE _____

To be completed by district - Optional

TB test completed (Date) _____ Fingerprint Clearance (if applicable): ___ Yes ___ No

COVID-19 vaccination status: ___ Yes ___ No/Decline to State

Volunteer Service Ended (Date) _____

Reason for leaving: _____