

CCUSD Application/Request for Clearance Approval

Tier I <input style="width: 40px; height: 20px;" type="checkbox"/>	Tier II <input style="width: 40px; height: 20px;" type="checkbox"/>	Tier III <input style="width: 40px; height: 20px;" type="checkbox"/>	Tier IV <input style="width: 40px; height: 20px;" type="checkbox"/>
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First Name: _____ Last Name: _____

Relationship to Student or Organization: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Application for the following Campus(es): _____

What volunteer role will you be filling? _____

Volunteer History

Have you ever volunteered in CCUSD? _____ Yes _____ No

If yes: _____ Last Volunteer Year _____ Campus(es) _____

Do you possess a current fingerprint clearance card issued by the Department of Public Safety?

_____ Yes _____ No

I certify that the information presented herein is true, accurate, and complete. I authorize the investigation of all statements contained herein and hold harmless anyone providing truthful information in response to the District. I also authorize the Cave Creek Unified School District to run FBI Criminal Background and Fingerprint checks prior to my placement as a Volunteer/Chaperone as needed per district processes. I understand that my placement is not finalized until the FBI Criminal Background and Fingerprint checks have been completed. I understand that any falsification, misrepresentation or omission may be cause for placement denial.

Applicant Signature: _____ Date: _____

For Administrative Use Only:

School Administration Approval: ☐ **Approved** ☐ **Not Approved**

Superintendent or Superintendent Designee Signature: _____ Date: _____

Assigned Supervising Staff Member (for Tier I): _____

For HR Use Only:

(Complete sections if applicable, fill in N/A if not applicable for an applied volunteer tier)

F/P Date: _____ B/G Date: _____ B/G Cleared: _____ D/L: _____ Affidavit Notarized: _____

F/P Card Expiration Date: _____ HR Filing and Completion Date: _____ HR Initials: _____

Applicant cannot volunteer on campus until approved and filed by HR.

Criminal Conviction Affidavit for School Employees/Non-Paid Personnel

A.R.S. § 15-509 requires any individual who applies for employment to a school in Arizona to disclose to each prospective employer whether the individual has pled guilty, pled no contest, or has been convicted of specific crimes as listed in the statute.

A.R.S. § 15-512 requires that personnel required to be fingerprinted or obtain a fingerprint clearance card to certify on forms that are provided by the school and notarized whether they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the criminal offenses listed in the statute either in Arizona or similar offenses in another jurisdiction, including a charge or conviction that has been vacated, set aside or expunged.

A.R.S. § 15-1330 requires personnel employed by the schools to certify on forms that are provided by the schools that they are not awaiting trial on and have never been convicted of or admitted in open court or pursuant to a plea agreement of committing any criminal offenses in Arizona or similar offenses in another state or jurisdiction as specified in A.R.S. § 41-1758.03, subsections B and C.

Pursuant to the above Arizona statutes, check the box below for each criminal offense for which you **have** pled guilty, pled no contest, are awaiting trial, been convicted of, admitted in open court and/or pursuant to a plea agreement, whether in Arizona or elsewhere. This is to include any charge or conviction that has been vacated, set aside or expunged. Please include an explanation for any offense you have checked.

- ☐ 1. Sexual abuse of a minor pursuant to A.R.S. § 13-1404.
- ☐ 2. Incest.
- ☐ 3. First or second degree murder.
- ☐ 4. Kidnapping.
- ☐ 5. Arson.
- ☐ 6. Sexual assault
- ☐ 7. Sexual assault with a minor pursuant to A.R.S. § 13-1406.
- ☐ 8. Sexual exploitation of a minor.
- ☐ 9. Felony offenses involving contributing to the delinquency of a minor.
- ☐ 10. Commercial sexual exploitation of a minor.
- ☐ 11. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
- ☐ 12. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
- ☐ 13. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
- ☐ 14. Burglary in the first degree.
- ☐ 15. Burglary in the second or third degree.
- ☐ 16. Aggravated or armed robbery.
- ☐ 17. Robbery.
- ☐ 18. A dangerous crime against children as defined in A.R.S. § 13-705.
- ☐ 19. Child abuse.
- ☐ 20. Sexual conduct with a minor pursuant to A.R.S. § 13-1405.
- ☐ 21. Molestation of a child.



- ☐ 22. Manslaughter.
- ☐ 23. Aggravated assault.
- ☐ 24. Assault.
- ☐ 25. Exploitation of minors involving drug offenses.
- ☐ 26. Any crime that requires you to register as a sex offender pursuant to A.R.S. § 13-3821
- ☐ 27. Any act committed in another state or territory that if committed in Arizona would be subject to disclosure as sexual abuse with a minor (A.R.S. § 13-1404), sexual assault of a minor (A.R.S. § 13-1406) and/or a dangerous crime against children (A.R.S. § 13-705).
- ☐ 28. A preparatory offense as prescribed in A.R.S. § 13-1001 regarding: sexual abuse with a minor (A.R.S. § 13-1404), sexual assault of a minor (A.R.S. § 13-1406), a dangerous crime against children (A.R.S. § 13-705), sexual conduct with a minor (A.R.S. § 13-1405), and/or any crime that requires you to register as a sex offender pursuant to A.R.S. § 13-3821.
- ☐ 29. Any criminal offenses in Arizona or similar offenses in another state or jurisdiction as specified in A.R.S. § 41-1758.03, subsections B and C.

I understand that submitting information inconsistent with that received from the fingerprint/background check may result in termination.

I swear upon penalty of perjury that the responses provided above are true and accurate.

Name Printed: _____

Signature _____ Date _____

State of Arizona)

)

County of Maricopa)

Subscribed and sworn before me this _____ day of _____, 20_____, by the individual listed above.

Notary Public Signature

My Commission Expires: _____

Provide explanation below for any offense that you checked above: