

**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 fingerprints.

**VOLUNTEER APPLICATION**  
TRACY UNIFIED SCHOOL DISTRICT  
1875 W. Lowell Avenue  
Tracy, CA 95376  
Ph: (209) 830-3260 Fax: (209) 830-3264

NAME \_\_\_\_\_  
(Last) (First)

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Volunteer/School Site: \_\_\_\_\_ Student(s)' Name: \_\_\_\_\_

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

Have you ever been convicted of **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 ensure the safety of our students, a criminal history investigation will be conducted through the Department of Justice and the Federal Bureau of Investigation. 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. The medical document MUST include the following data:**

- Volunteer's full name
- Name of physician/clinic who conducted the test
- Date which sample was collected/placed OR date which chest X-ray was done
- Date which the final result was read OR date which chest X-ray results were interpreted

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>PERSONAL REFERENCES (Relatives not accepted)</b>	
<b>Name</b>	<b>Telephone</b>
<b>Name</b>	<b>Telephone</b>

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: \_\_\_\_\_

ATI #: \_\_\_\_\_

TB Exp: \_\_\_\_\_