VOLUNTEER ASSISTANCE

VOLUNTEER APPLICATION FORM
Selma Unified School District

VOLUNTEER NAME: _____ _____
Last First

VOLUNTEER DATE OF BIRTH_____ Phone: _____

Home Address: _____
Street City Zip

Name of Child(ren): _____

List Teacher/Rm # for Child(ren): _____

List reasons for volunteering: _____

Are you currently a regular or substitute employee of Selma Unified? ☐Yes ☐No

Have you ever been employed by Selma Unified School District? ☐Yes ☐No

Are you currently attending college? ☐Yes ☐No If Yes, Where?_____
How many hours of volunteer/observation are required?_____
Course Name/Advisor: _____
SUSD School Site - Teacher/Classroom: _____

Languages	**Speak Fluently**	**Read**	**Write**
_____	___Yes ___No	___Yes ___No	___Yes ___No
_____	___Yes ___No	___Yes ___No	___Yes ___No

Have you ever been convicted of a felony or a misdemeanor?
☐Yes ☐No If yes, please explain when, where, and disposition of the case(s). A conviction may not necessarily disqualify you from serving at our school

Education Code 35021 provides that a person who is required to register as a sex offender pursuant to Penal Code section 290 shall not serve as a volunteer.

VOLUNTEER ASSISTANCE (continued)

I declare under the penalty of perjury under the laws of the State of California that I have completed the above information truthfully; and have read, understand, and will comply with district requirements and expectations for all volunteers. I understand that if the information I provide is not accurate, my volunteer services will be terminated. Selma Unified School District reserves the right to conduct a criminal background check of school volunteers as permitted by law.

Printed Name: _____

Signature: _____ Date: _____

Principal's Approval: _____ Date: _____

Form of ID Required:

* Government Issued ID
* Valid Driver's License
* Official Photo ID