



SEQUOIA UNION HIGH SCHOOL DISTRICT VOLUNTEER BACKGROUND INFORMATION

VOLUNTEER PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home/Cell: () _____ Email Address: _____

APPLYING FOR:

- Level I Level II Level III Current Parent of SUHSD Returning Volunteer
- (Please see page 2 for Level description) Former Parent of SUHSD New Volunteer

VOLUNTEER INFORMATION

Services shall begin at _____ on _____ and shall be completed on or before _____
School Date Date

I will be driving students. I will NOT be driving students as part of my volunteer service.

Site and Site Manager Name _____

Describe anticipated volunteer _____

Volunteers must honestly answer the two questions below. If they answer is YES to either question, you must attach a written explanation, including dates, the specific crimes, and the city, county and state in which they occurred.

- (A) Have you been ever convicted of any felony? Yes No
- (B) Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order? Yes No

VOLUNTEER TERMS & AGREEMENTS

- A. **VOLUNTEER** understands and agrees that, while performing in a volunteer capacity, he/she is not an employee of the **DISTRICT** and not entitled to salary or benefits of any kind normally provided to employees of the District.
- B. **VOLUNTEER** agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability of loss arising in any way out of volunteer's negligence in the performance of this **AGREEMENT**, including but not limited to any claim due to injury and/or damage sustained by the volunteer.
- C. **VOLUNTEER** agrees to provide proof of negative tuberculosis test prior to service if required.
- D. **VOLUNTEER** agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to the volunteer, including compliance with **Education Code 35021-Requirements for Voluntary service in Schools**.
- E. **VOLUNTEER** understands that, in connection with his/her application as a volunteer, the District can obtain information bearing upon my volunteer services, including **Megan's Law information and public record information**, documenting convictions, civil judicial actions, tax liens or outstanding judgments against.

AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Description and Requirements of Volunteers

Level I

Volunteers under the constant direct supervision of a Sequoia Union High School District employee.

Level II

Volunteers working under the supervision of a Sequoia Union High School District employee, but may occasionally be unsupervised while working with students.

Level III

Volunteers will be alone working with students. Students may be transported by the volunteer. Must submit all documents 3+ weeks in advance OR submit H6 (\$5) from DMV if less than 3 weeks notice.

REQUIREMENTS:

- ✓ Complete Confidential Application
- ✓ Valid Driver's License (In order to conduct a predator check with the Sheriff's Department)
- ✓ Tuberculin Clearance*
* Required only for volunteers having more than 2 site visits per month.

REQUIREMENTS:

- ✓ Complete Confidential Application
- ✓ Valid Driver's License
- ✓ Fingerprinting/ FBI & DOJ
- ✓ Tuberculin Clearance*
* Required only for volunteers having more than 2 site visits per month.

REQUIREMENTS:

- ✓ Complete Confidential Application
- ✓ Valid Driver's License
- ✓ Fingerprinting/ FBI & DOJ
- ✓ Complete a Vehicle Use Form
- ✓ Submit Proof of Insurance
- ✓ Tuberculin Clearance*
* Required only for volunteers having more than 2 site visits per month.

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us.

DO NOT WRITE BELOW THE DOTTED LINE

This Volunteer shall be: Level I Volunteer Level II Volunteer Level III Volunteer

Level I Volunteer

Application Complete _____
Megan's Law Check: _____
Driver's License: _____
TB Clearance*: _____
Date: _____
* Required only for volunteers having more than 2 contacts per month.

Level II Volunteer

Application Complete _____
Fingerprint Check: _____
Driver's License: _____
TB Clearance*: _____
Date: _____
* Required only for volunteers having more than 2 contacts per month.

Level III Volunteer

Application Complete _____
Fingerprint Check: _____
Driver's License: _____
TB Clearance: _____
Vehicle Use Form: _____
Proof of Insurance: _____
Driving submit date: _____
* Required only for volunteers having more than 2 contacts per month.

Human Resource Approval: _____ **Date:** _____