



# Volunteer Application

## 2024-25

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Grade/s volunteering for \_\_\_\_\_

Driver's license (photocopy required)       Student Volunteer

Do you have, or are a guardian of children / grandchildren at this school?       Yes       No

If yes, name(s) of the child(ren): \_\_\_\_\_

Have you lived in California less than 12 months?       Yes       No

Have you been convicted of a felony?       Yes       No

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

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

Do you agree to maintain confidentiality of student's information?       Yes       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Director:       Approved       Not approved

\_\_\_\_\_

Administrator's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date