

## SEQUOIA UNION HIGH SCHOOL DISTRICT

## **VOLUNTEER BACKGROUND INFORMATION**

## **VOLUNTEER PERSONAL INFORMATION**

Fu	Il Name:	First	M.I.		
Λ.Ι	Last	LIISI	IVI.I.		
Ad	dres <u>s:</u> Street Address		Араг	rtment/Unit #	
	City		State ZIP	Code	
Но	ome/Cell: ( )	Email Address:			
	PPLYING FOR: Level II  Level III Level III ease see page 2 for Level description)	☐ Current Parent of SUHSD☐ Former Parent of SUHSD	☐ Returning Volunteer ☐ New Volunteer		
VOLUNTEER INFORMATION					
Services shall begin at on and shall be completed on or before					
School Date  I  will NOT be driving student as part of my volunteer service.					
Site and Site Manager Name					
Describe anticipated volunteer					
<ul> <li>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.</li> <li>(A) Have you been ever convicted of any felony? ☐ Yes ☐ No</li> <li>(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</li> </ul>					
VOLUNTEER TERMS & AGREEMENTS					
A. <b>VOLUNTEER</b> understand and agrees that, while performing in a volunteer capacity, he/she is not an employee of the <b>DISTRICT</b> and not entitle to salary or benefits of any kind or nature normally provided employees of the <b>DISTRICT</b> .					
B. <b>VOLUNTEER</b> agrees to defend, indemnify and hold harmless the <b>DISTRICT</b> , its Board of Trustees, employee and agents from any all liability of loss arising in any way out of <b>VOLUNTEER'S</b> negligence in the performance of this <b>AGREEMENT</b> , including but not limited to any claim due to injury and/or damage sustained by the <b>VOLUNTEER</b> .					
C.	VOLUNTEER agrees to provide proof or negative tuberculosis test prior to service.				
D.	or may in the future become applica	JNTEER agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, by in the future become applicable to VOUNTEER, including compliance with Education Code 35021- irements for Voluntary service in Schools.			
E.		n's Law information and public reco	e District can obtain information bearing upon by record information, documenting convictions, civil		
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:	D:	ate	_	

## PERSON TO NOTIFY IN CASE OF EMERGENCY Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address **Description and Examples of Volunteers** Level II Level I Level III Volunteers who under the constant direct Volunteers working under the supervision of Volunteers who will be alone working with Sequoia Union High School District employee, supervision of Sequoia Union High School or mentoring students. The students may but may occasionally be unsupervised while be transported by the Volunteer. District employee. working with students. **REQUIREMENTS: REQUIREMENTS: REQUIREMENTS:** Complete Confidential Application Complete Confidential Application Complete Confidential Application Valid Driver's License (In order to Valid Driver's License Valid Driver's License conduct a predators check with the **Tuberculin Clearance** Tuberculin Clearance Sheriff's Department) Fingerprinting/FBI & DOJ Fingerprinting/FBI & DOJ Tuberculin Clearance\* Complete a Vehicle Use Form Required only for volunteers having more than Submit Proof of Insurance 2 contacts per month, not to exceed 10 per **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 form and for your interest in volunteering with us. DO NOT WRITE BELOW THE LINE **Level I Volunteer Level II Volunteer** Level III Volunteer Application Complete \_ Application Complete \_\_\_ Application Complete \_\_\_ Fingerprint Check: \_\_ Fingerprint Check: \_\_\_ Megan's Law Check: Driver's License: \_\_\_ Driver's License: \_ Driver's License: \_\_\_ TB's Clearance\*: TB's Clearance: TB's Clearance: Date: Date: Vehicle Use \* Required only for volunteers having more than 2 contacts per month, not to exceed 10 Form/Insurance: per semester. Date: Human Resource Approval: