

Student Name(s): _____

Teacher Name(s): _____

Vista Unified School District SCHOOL VOLUNTEER APPLICATION

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

DATE _____ SCHOOL _____

FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____
Mo/Day/Yr

DRIVER'S LICENSE (Photocopy Driver's License and Attach)

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? Yes No

WHERE DO THEY ATTEND? _____

VOLUNTEER EXPERIENCE _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Do you have any criminal charges pending against you? Yes No
Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a sex or drug-related offense or crime of violence? Yes No
Mental Health License or Credential? If Yes, # _____ Yes No
Are you required to register as a sex offender under Penal Code 290.95? Yes No

"I understand that the district may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

Print Name: _____ Signature: _____

Date: _____

For Office Use Only: Megan's Law check - Date _____ Initial _____ TB check - Date _____ Initial _____