



CERES UNIFIED SCHOOL DISTRICT

Volunteer Assistance Program Application

ONE APPLICATION PER SITE: Please attach copy of TB Risk Assessment

Fill out the form entirely and turn into the school's main office (please print).

CUSD employees Supervised Volunteers only need to fill out the boxed section below and forward to the District Office: Student Support
(CUSD students are exempt) CUSD employee? Yes ___ No ___

SCHOOL YEAR: <u>2017-2018</u>		I REQUEST TO VOLUNTEER AT _____ <small>(Name of School)</small>			
FULL LEGAL NAME: _____					
		<small>Last</small>	<small>First</small>	<small>Middle Name</small>	<small>(Maiden Name/Alias)</small>
STUDENT'S NAME (#1)	_____	_____	_____	_____	RELATIONSHIP TO STUDENT: _____
(#2)	_____	_____	_____	_____	RELATIONSHIP TO STUDENT: _____
(#3)	_____	_____	_____	_____	RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____
Street Number City State Zip Code

VOLUNTEER'S DATE OF BIRTH: ____/____/____
Month Day Year

PHONE NUMBER: _____ ALTERNATE CONTACT NUMBER: _____

I would like to volunteer as (check **one** only):

- Supervised Volunteer** - (classroom volunteer, one-day fieldtrip chaperones, etc.)
- Unsupervised Volunteer** - (overnight fieldtrip chaperones, volunteer athletic/band helpers, etc.)

By submitting my application in accordance with California Education Code Section 35021.1, as amended by Assembly Bill 3458 of 1994, I hereby authorize Ceres Unified School District to conduct a background check, including whether or not I am listed on the CA Department of Justice's Megan's Law website, and authorize release of information in connection with my application for volunteer status.

In signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. Any falsification on this application may result in denial or revocation of my volunteer status. By signing I am also indicating that I have received and agree to the District's obligation to report any child mistreatment (please refer to Volunteer Information and Responsibility sheet.) **I understand my volunteer status may be revoked at any time.**

Volunteer Name	Volunteer Signature	Date
Administrator Name	Administrator Signature	Date

To Be Completed By School Site Administration or Designee

Circle: Approved / Denied Photo ID Verified: ____/____/____ Circle: Supervised / Unsupervised

To Be Completed By Student Support Services Office

Supervised:
Megan's Law Clearance: ____/____/____ Risk Assessment: ____/____/____ Site Notification: ____/____/____

Unsupervised: (Fingerprint Clearance)
DOJ: ____/____/____ FBI: ____/____/____ Entered DS: ____/____/____

For Preschool Applicants Only

In Compliance with SB-792, Preschool Volunteers must have completed the following immunizations:

TDAP ____	MMR ____	Flu (this shot may be waived) ____
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