CERES UNIFIED SCHOOL DISTRICT

Volunteer Assistance Program Application

ONE APPLICATION PER SITE: Please attach copy of 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: 2016-2017 I REQUEST TO VOLUNTEER AT_____
(List Name of School You Request to Volunteer At)

FULL NAME:_____
(Last) (First) (Middle Name) (Maiden Name/Alias)

STUDENT'S NAME (#1) _____ RELATIONSHIP TO STUDENT: _____

(#2) _____ RELATIONSHIP TO STUDENT: _____

(#3) _____ RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____
Street Number City State Zip Code

DATE OF BIRTH: ____/____/____ PHONE: (___)_____ ALT. NUMBER: (___)_____

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

- ☐ **Supervised Volunteer**—(e.g., classroom volunteers, one-day field trip chaperones, etc.)
- ☐ **Unsupervised Volunteer**—(e.g., overnight field trip 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

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

Fingerprint Clearance: DOJ: ____/____/____ FBI: ____/____/____ Entered DS: ____/____/____

In compliance with *SB-792*, Preschool Volunteers must have completed the following immunizations:
____ TDAP ____ MMR ____ Flu (this shot may be waived)