

PETALUMA CITY SCHOOLS
VOLUNTEER APPLICATION

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

Date: _____ School: _____

Full Name: _____
(First) (MI) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Home Phone: _____ Work phone: _____

Cell Phone: _____ E-mail address: _____

Emergency Contact Name/Phone Number: _____

Drivers License (Photocopy Driver's License or California OMV ID and attach) OR
Physical Description (Height, Weight, Hair Color, Eye Color, Outstanding Features) (attach)

Do you have children or grandchildren in this school? Yes No

If yes, name(s) and grade(s) of child(ren): _____

Volunteer experience: _____

Have you lived in California less than 12 months? _____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

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. As a guest and volunteer of this school or District, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex or drug related offenses or crimes of violence and that there are no criminal charges pending against me. I agree to abide by the District's safety and health rules and regulations."

Do you agree to maintain CONFIDENTIALITY of students' information? Yes No

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY SITE ADMINISTRATOR

Approved _____ Not Approved _____
Administrator's Signature _____ Date _____

October 2008
Revised May 2017