



ALVORD UNIFIED SCHOOL DISTRICT

Volunteer Information Sheet 2022-2023

Please complete this form at the school site and turn it into the school office

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street Number and Name) (City) (State) (Zip)

Home Phone: () _____ Alternative Phone () _____

E-mail Address: _____

Valid Government ID #: _____ Exp: _____

Emergency Contact:

Primary

Contact: _____
(Last Name) (First Name) (Area code / Phone) (Relationship)

Secondary

Contact: _____
(Last Name) (First Name) (Area code / Phone) (Relationship)

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Yes No

Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury, or a conviction that has been judicially dismissed or ordered sealed, including 'expungement' granted pursuant to Penal Code section 1203.4. (Note: Exclude convictions related to the use of marijuana that are over two years old)

Volunteer type:

Parent Volunteer

Community Volunteer

Name of Student

Name of School

Please Provide The Following:

- A copy of a current driver’s license or government issued identification card.

Please Read Carefully:

My submission of this application authorizes the school to conduct a background investigation and authorizes release of information in connection with my application for volunteering with a district level volunteer application. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local law enforcement agencies, information from the Central Criminal Records Exchange or either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my volunteer application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds to deny volunteer clearance.

I understand that Volunteer Clearance is conditional upon the discretion of the school administrator and Alvord Unified School District. Volunteer clearance can be terminated by a school administrator or by Alvord Unified School District at any point if deemed necessary.

Applicant’s Signature (required) _____ Date: _____

School Office Staff Only:

Approved Denied

Principal Signature _____ Date _____