Fingerprint Cleared:_____
Tuberculosis Clearance:_____
Verified By:_____

School Site:_____
Date:_____
Principal Signature: _____

BARSTOW UNIFIED SCHOOL DISTRICT
551 South Avenue H, Barstow, California 92311

Volunteer Information Form

LAST NAME:_____FIRST NAME:_____

PREVIOUS LAST NAME(S):_____DATE OF BIRTH:_____

DRIVERS LICENSE #:_____EXPIRATION DATE:_____

RESEDENTIALADDRESS_____CITY_____ZIP_____

PHONE NUMBER (S)_____CELL PHONE_____

STUDENT NAME (S):_____

Are you currently employed? ( ) Yes ( ) No   Employer:_____

I am interested in volunteering or assisting with (CHECK ALL THAT APPLY):

Reading in the Classroom_____   Field Trip_____   Music Program_____   Classroom Activities_____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME_____RELATIONSHIP TO VOLUNTEER_____

PHONE NUMBER(S)_____

STATEMENT OF UNDERSTANDING
Barstow Unified School District believes every student should be able to enter a learning environment free from crime, violence, drugs, and abuse. In the interest of our students, staff and community, the District reserves the right to screen volunteer applicants for any record of criminal history. All volunteers are subject to an investigation to determine that they are not registered sex offenders, and/or drug convictions and/or convictions for committing serious and/or violent felonies in accordance to Education Code 35021 and Administrative Regulations 1240.

The following information is **REQUIRED**

Have you ever been convicted of a felony or misdemeanor, or currently have charges pending? ( ) Yes ( ) No

IF YES, YOU MUST LIST ALL CONVICTIONS AND ATTACH A BRIEF STATEMENT OF EXPLANATION

I understand School Volunteers are required to sign in every day AND have a current TB Test on file before starting volunteer service. Please attach a copy of tuberculosis test (valid for four years). Once all documents are submitted, Volunteer forms will be sent to Personnel Services for processing. All Volunteers must attend the mandatory volunteer training class prior to volunteering on any school site.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this form as may be necessary. I understand that this is not intended to be a contract for employment and that I am required to abide by all rules and regulations of the District.

Volunteer Signature_____Date_____