

CARLSBAD UNIFIED SCHOOL DISTRICT VOLUNTEER APPLICATION

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

DATE _____ SCHOOL _____

FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____
Mo/ Day/ Yr

INTRADERMAL TUBERCULIN TEST (Attach completed a copy of a current negative TB Test)

DRIVER'S LICENSE (Photocopy Driver's License and Attach) OR
PHYSICAL DESCRIPTION: (Height, Weight, Hair Color, Eye Color, Outstanding Features) _____

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? _____ YES _____ NO

WHERE DO THEY ATTEND? _____

VOLUNTEER EXPERIENCE _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Do you have a Mental Health License or Credential? # _____ YES _____ NO

Do you have any criminal charges pending against you? 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. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. I agree to abide by the district's safety and health rules and regulations."

Volunteer Signature _____ Date: _____