

SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT

SCHOOL VOLUNTEER APPLICATION

(Please type or print)

SCHOOL _____

Name _____
Last First Middle Maiden Name / Other names used

Residence Address _____
Street City State Zip

Home Telephone: () _____ Work Telephone: () _____

Emergency Contact Telephone: _____ Message Telephone: _____

Birthday: _____ Social Security Number: _____

Driver's License: Yes () No () State: _____ License Number: _____

Length Of Residence In San Bernardino: (Years) _____ (Months) _____

Previous Address: (If Less Than Five (5) Years) _____

Physical Limitations: Yes () No () Explain _____

Relationship To any Student(s) / Staff Member(s) At School: _____
Name

Languages Spoken: _____

Please respond to the following: "I am interested in volunteering because _____

I CERTIFY THAT THE ABOVE RESPONSES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

You Must List any Convictions For The Last Three (3) Years: Date: _____ Charge: _____

Date: _____ Charge: _____ Date: _____ Charge: _____

Have you EVER been convicted of any sex offense for which you must register with any Law Enforcement Agency pursuant to Penal Code Section 290? Yes () No ()

I certify under Penalty of Perjury that the foregoing statements are true and complete, and I authorize the San Bernardino City Unified School District to complete a background check as a condition of school volunteer service, as provided by California Education Code § 45125.5

SIGNATURE _____ DATE _____

THIS FORM MUST BE SENT TO SCHOOL POLICE WITHIN THREE (3) DAYS OF COMPLETION.