



20____ - 20____

Driver's License Expires: ____/____/____

Volunteer Application Form

Pleasant Valley School District

- One-time, Date: ____/____/____
- Ongoing - This Current School Year

School Site/Department: _____ Date: ____/____/____

All volunteers must provide a copy of their Driver's License or other picture ID. Field trip drivers must provide their Driver's License as their ID. Specific volunteer activities that require more documents will be noted next to the activity.

Volunteer Information (please print legibly): Name: _____

Address: _____
Street Address City State Zip Code

Phones: Cell _____ Work _____ Home _____

Parent/Guardian/Relative of: _____ If not Applicable, Name of Contact at this Site: _____

Student(s): 1 _____ 2 _____ 3 _____

Teacher(s): 1 _____ 2 _____ 3 _____

(Please list the name of the student's homeroom teacher below each student's name.)

Please check ALL applicable boxes:

Activities supervised by certificated employee: (These do not require fingerprinting or additional certificates.)

- On-Site Classroom/Class Activities/Other Activities during School/Department hours.
- Field Trips that are not overnight - Note: Student's siblings are not allowed to attend field trips.
- Driving my own child only- No additional documents required.
- Driving other students- Requires Private Vehicle Transportation Application and Insurance Declaration Page(s).
- After School Activity (Not Coach/Asst Coach) - Supervised by Certificated Employee (Name): _____
- Other (Specify): _____

Activities that require Fingerprinting/TB test/Certificates:

- Activities during Recess/Lunch/After School without Certificated person present: (Specify): _____
- Coach/Asst Coach (Specify Activity): _____ Start Date: _____
- Field Trips that are overnight (Specify): _____
- Other (Specify): _____

Background/Security Information:

As an adult, have you ever been convicted of or are awaiting trial for any crime?

- No Yes If you answered yes, attach a complete and accurate explanation of the incident. A conviction may not necessarily disqualify you from serving in the District, but failure to answer truthfully will be cause for denial.

Certification: Your signature below certifies that you declare under penalty of perjury under the laws of the State of California that you have completed the above information truthfully and understand that if the information is not accurate, your volunteer services will be terminated. The Pleasant Valley School District reserves the right to conduct a criminal background check of school volunteers as permitted by law.

Print Name: _____ Signature: _____ Date: _____

***** Volunteers not supervised by Certificated Employee may not start until approved by Human Resources *****

School Site/Department Use:

- Copy of driver's license or other picture identification attached.
- Fingerprint fees paid by: Volunteer School/Department Purchase Order #: _____
- Certificated supervision will be provided by: _____

School Site/Department Approval: _____
Site Administrator/Department Manager Date Approved Start Date

District Office Use: DL TB Fingerprints: DOJ FBI Coaches: CPR First Aid Concussion Cardiac

Expiration Dates: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Application Approved: _____
Asst. Superintendent of Human Resources Date Approved Start Date