



PETALUMA CITY SCHOOLS

VOLUNTEER APPLICATION

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

Date: _____ School: _____

Full Name: _____
(First) (MI) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Home Phone: _____ Work phone: _____

Cell Phone _____ e-mail address _____

Emergency Contact Name/Phone Number _____

Drivers License (Photocopy Driver's License or California DMV ID and attach) **OR**
Physical Description (Height, Weight, Hair Color, Eye Color, Outstanding Features) (attach)

Do you have children or grandchildren in this school? Yes No

If yes, name(s) and grade(s) of child(ren): _____

Volunteer Experience: _____

Have you lived in California less than 12 months?	___ 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. As a guest and volunteer of this school or District, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex or drug related offenses or crimes of violence and that there are no criminal charges pending against me. I agree to abide by the District's safety and health rules and regulations."

Do you agree to maintain CONFIDENTIALITY of students' information? Yes No

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY SITE ADMINISTRATOR

Approved _____ Not Approved _____

Administrator's Signature

Date

12/19/2022



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Request for Fingerprint Clearance for Volunteer

Please check all boxes that apply and submit complete information to Human Resources

I hereby request that the District obtain fingerprint clearance for the following volunteer(s):

Group (check a box below and attach a separate list with names and telephone numbers):

Individual:

Name: _____ Site: _____

Address: _____

Telephone: _____ Work: _____ Cell: _____

Email: _____

Volunteer-paid fingerprint clearance for these positions:

Classroom Volunteer - Site: _____

Child Care Volunteer - Site: _____

Athletics - Site: _____ Sport: _____

Paid Coach or Volunteer Coach: _____

To meet teacher/counselor preparation program requirements

Mentor Me Program

Non-parent day-time field trip chaperone

Date of field trip: _____ Supervising Teacher: _____

Overnight field trip chaperone(s)

Please attach a separate list of chaperone names and telephone numbers

Date(s) of field trip: _____ Supervising Teacher: _____

Other category (must be specified): _____

Site Administrator Signature (Required)

Date