

EAST SIDE UNION HIGH SCHOOL DISTRICT

830 North Capitol Avenue, San Jose, California 95133-1316 • (408) 347-5000 • FAX (408) 347-5255 • www.esuhd.org

VOLUNTEER APPLICATION

Date: _____ email: _____

Applicant's Full Name: _____ Telephone Number: _____
(Last) (First) (Middle)

Other Name(s): _____
(Please provide any additional information relative to change of name, use of an assumed name or nickname necessary for a check on your work or school record.)

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

Site volunteering at: _____ Program Manager: _____

(Program volunteering in and description of work to be done):

Start Date: _____ End Date: _____ Site Administrator: _____

Current Employer: _____

Employer Address: _____ Telephone Number: _____
(Address) (City) (State) (Zip)

Have you ever been convicted of a misdemeanor in any state or federal court? (If yes, explain.) ☐ Yes ☐ No

Have you ever been convicted of a felony in any state or federal court? (If yes, explain.) ☐ Yes ☐ No

Have you ever been arrested for a felony offense by any state or federal law enforcement? ☐ Yes ☐ No
(If yes, explain.)

Are there currently any felony charges pending against you in any state or federal court? ☐ Yes ☐ No
(If yes, explain.)

Note: Conviction of a crime or pending criminal action will not automatically disqualify a volunteer from volunteer services – all circumstances will be considered.

Date: _____ Volunteer's Signature: _____

Date: _____ Administrator's Signature: _____

This Volunteer position is NOT Classified Bargaining Unit work _____
Administrator's Initials

For Human Resources Use Only:

_____ Volunteer Clearance _____ TB Clearance

It is the policy of the East Side Union High School District not to discriminate on the basis of sex, age, religion, race or national origin, sexual orientation or handicapping condition in its educational programs and activities or in the recruitment and employment of personnel.



Preparing every student to thrive in a global society.

**Receipt and Acknowledgement of
Child Abuse Reporting Requirements and Compliance with District Policies**

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child Care Custodian” includes teachers, administrative officers, supervisors of child welfare and attendance or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators or community care facilities licensed to care for children; licensed day care workers; Head Start teachers; licensing workers or licensing evaluators; public assistance workers; employees of child care institutions including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

“Medical Practitioner” includes physicians and surgeons, psychiatrist, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under division 2 (commencing with Section 500) of the Business and Professions Code.

“Nonmedical Practitioner” includes state or county health employees who treat minors for venereal disease or any other conditions; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine, or treat children. (Penal Code 11166 explains the procedure for reporting child abuse.)

I acknowledge that I will have to submit to fingerprinting and Department of Justice fingerprint clearance before I begin my volunteer activities. I acknowledge that District policy prohibits anyone from video recording, taking photos, or sound recording of any Zoom sessions involving students and I agree to abide by that policy.

I have read the attached Penal Code Section 11166 and I agree to comply therewith.

Employee’s Name – Please Print

Employee’s Signature

Date