



Palermo

UNION ELEMENTARY SCHOOL DISTRICT

"Building the Foundation for Success"

VOLUNTEER INFORMATION RECORD:

Name _____
Last First Middle

Address _____
Number and Street City State Zip

Home Telephone: _____ Mobile Telephone: _____

Email: _____

Volunteer Service Level To Be Performed: _____ Age (if less than 21): _____

Do you have children in this school district? Yes No

If yes, please name: _____

LEVEL 1:
No clearance testing required for this level.
* One time projects; less than 15 hours per month
RESTRICTIONS - no unsupervised contact with students.

LEVEL 2:
TB Test Date _____
Fingerprint Date _____
*Regular or scheduled service generally between 16-20 hours per month
RESTRICTIONS - works under direct teacher supervision.

Please Note: A person who is required to register as a sex offender pursuant to Penal Code 290 shall not serve as a volunteer (Education Code 35021).

Have you ever been convicted of a felony or misdemeanor?

If yes, why were you convicted? _____

Volunteer Signature _____ Date _____

District Office Use Only

_____ Auth. Forms emailed/picked up _____ DOJ/FBI Provider notified _____ TB Provider Notified

_____ DOJ Clearance _____ FBI Clearance _____ TB Clearance _____ School notified of Denial/Clearance

Administrator Signature: _____