

Rescue USD Volunteer II

Return application and other required documents to school(s) of choice

Please print legibly and fully complete application

Last Name: _____ First Name: _____ MI. _____ Birthdate: _____

Address: _____ Email: _____

City/Zip: _____ Cellphone: _____

School _____ Please provide name(s) of students: _____

Have you ever been convicted of a felony or a misdemeanor? _____ Yes _____ No

Have you ever been required to register as a sex offender? _____ Yes _____ No

If yes, please explain at the bottom of this application. This will allow us to further understand the nature of the offense. (Use additional pages if needed)

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school officials if you are a registered sex offender. Failure to disclose your status as a registered sex offender is a violation of Penal Code 290.95 and is a crime punishable by imprisonment and/or fine. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District. I further declare that if I am, subsequent to this date, convicted of a felony or misdemeanor, I will immediately notify the District of such a conviction.

I hereby waive any responsibility or liability against the Rescue Union School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information in the volunteer handbook. I agree to comply with the guidelines set forth in the volunteer handbook, and understand that failure to do so may result in the termination of my volunteer authorization.

By signing this Volunteer Application, I agree to maintain strict confidentiality with the information to which I have access while performing my volunteer duties. I understand that all information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher directly responsible for the child and/or school administration.

Signature: _____ Date _____

Rescue USD Volunteer II Checklist

- ☐ Submit Volunteer II Application Form
- ☐ Signed Volunteer Responsibilities Form (Page 5-6 of the Volunteer Handbook packet)
- ☐ Provide proof of identification, such as a California Driver's License, California ID, etc.
- ☐ Submit a [TB Risk Assessment Questionnaire](#) completed by a medical professional - OR - Negative TB Skin Test (Updated TB Clearances must be submitted every four years)
- ☐ [Child Abuse Mandated Reporter Training](#) Certificate
- ☐ DOJ and FBI Fingerprint Clearance (Livescan Form available in your Application Packet)
- ☐ Read and understand the RUSD Volunteer Handbook
- ☐ Contact school or student's teacher for volunteer opportunities

Office Use Only:

Site: Proof of Identification: Type _____ # _____

Site Approval _____ Date _____ Orientation Date: _____

Volunteer Location: School _____ Classroom _____ Coach _____