

CONFIDENTIAL VOLUNTEER DATA FORM

PERSONAL INFORMATION:			
Last Name	First Name	Middle Initial	Prior/Maiden Name
Last 4 SSN	Driver's License Number	State	Date of Birth
Mailing Address (Street or P.O. Box, City, Zip Code)		Home Address (Street Address, City, Zip Code)	
Email Address		Mobile Phone	
Program/Organization Volunteering With		School Site	
IN CASE OF EMERGENCY:			
1 st Contact Person	Relation	Phone Number	
2 nd Contact Person	Relation	Phone Number	
Any Medical Precautions			
YES ANY ALLERGIC REACTIONS?	NO IF YES, DESCRIBE		
LEGAL DISCLOSURE:			
Have you <u>ever</u> been convicted of a felony or misdemeanor? Yes No (circle one) If yes, please describe: _____ <i>You are required to disclose <u>all</u> convictions whether or not the court dismissed, expunged, or set aside the conviction under authority of Section 1203.4 or 1203.4a of the California Penal Code. Failure to report any and all convictions will result in your application being denied.</i>			
AS A VOLUNTEER, I AM RESPONSIBLE FOR MY OWN ACTIONS AND ACTIVITIES. I ACKNOWLEDGE THAT MY OWN INSURANCE IS PRIMARY AND INSURANCE COVERAGE PROVIDED BY THE EL DORADO UNION HIGH SCHOOL DISTRICT IS SECONDARY. I ACKNOWLEDGE I CANNOT VOLUNTEER WITHOUT PRINCIPAL APPROVAL AND SIGNATURE, MANDATED REPORTER TRAINING, & FINGERPRINTING BACKGROUND CHECK CLEARANCE. SIGNATURE OF VOLUNTEER: _____ DATE: _____ PRINCIPAL APPROVAL: _____ DATE: _____			
FOR OFFICE USE ONLY:			
Fingerprint Clearance	Mandated Reporter	Site Notified	