

Volunteer Information Sheet

Please complete and drop off at the school front office receptionist or District Office.

Name:							
(Last Name)		((First Name)			(Middle Name)	
Address:	(Street Number a			(City)	(State)	(Zip)	
		,		(3)	(=====)	(1)	
Home Phone: ()		Altern	ative Phone: ()_			
E-Mail Address: _							
Valid Driver's Lic	ense #:		Exp:				
Emergency Conta	act:						
Primary Contact:							
	(Last Name)	(First Na	ame)	(Area code / Phone)	(Re	elationship)	
Secondary Contac	:t:						
	(Last Name)	(First Na	ame)	(Area code / Phone)	(Re	elationship)	
Have you ever be	een convicted of a 1	misdemeanoi	r for wh	o contest" to a felony)? ich probation has not been judicially dismiss	been success	fully	
Volunteer type:							
Parent V	olunteer	_ Community	/ Volunt	eer			
Name of S	 Student		Name o	f School			

Please provide the Following:

• A copy of a current driver's license or government issued identification card.

<u>Please read carefully:</u>

My submission of this application authorizes the school to conduct a background investigation and authorizes release of information in connection with my application for volunteering with a district level volunteer application. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local law enforcement agencies, information from the Central Criminal Records Exchange or either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my volunteer application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds to deny volunteer clearance.

I understand that Volunteer Clearance is conditional upon the discretion of the school administrator and the Perris Union High School District. Volunteer clearance can be terminated by the School administrator or by the Perris Union High School District at any point if deemed necessary.

Applicant's Signature (required)	Date:		
School Office Staff Only			
☐ Approved ☐ Denied			
Principal Signature	Date		