

Background Cleared: _____
 Tuberculosis Clearance: _____
 Valid US issued Identification: _____
 Board Approved: _____
 Verified By: _____

SCHOOL SITE: _____
 DATE: _____
 PRINCIPAL SIGNATURE: _____

ADELANTO SCHOOL DISTRICT
11824 Air Expressway, Adelanto, California 92301

VOLUNTEER INFORMATION FORM

Which Schools would you like to volunteer at?

Adelanto ___ Desert Trails ___ Morgan Kincaid ___ Victoria Magathan ___
 Bradach ___ Eagle Ranch ___ Mesa Linda Middle ___ West Creek ___
 Columbia Middle ___ George Magnet ___ Theodore Vick ___ Westside Park ___

LAST NAME: _____ FIRST NAME: _____

PREVIOUS LAST NAME(S): _____ DATE OF BIRTH _____

DRIVERS LICENSE #: _____ EXP DATE: _____

RESEDENTIAL ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER(S) _____ CELL PHONE _____

STUDENT NAME(S): _____

Are you currently employed? () Yes () No Employer: _____

List any special skills, qualifications or areas of expertise: _____

I am interested in volunteering or assisting with (CHECK ALL THAT APPLY): Office ___ Reading in the classroom ___ Field Trips ___

Arts and Crafts ___ Music Program ___ Dance ___ Library Work ___ Tutoring ___ Classroom Activities ___

Are you willing to work from home (check papers, etc) () Yes () No

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____ RELATIONSHIP TO VOLUNTEER _____

PHONE NUMBER(S) _____

STATEMENT OF UNDERSTANDING

The Adelanto School District believes every student should be able to enter a learning environment free from crime, violence, drugs and abuse. In the interest of our students, staff and community, the District reserves the right to screen volunteer applicants for any record of criminal history. All volunteers are subject to an investigation to determine that they are not registered sex offenders, and/or drug convictions and/or convictions for committing serious and/or violent felonies in accordance to Education Code 35021 and Administrative Regulations 1240.

The following information is REQUIRED

Have you ever been convicted of a felony or misdemeanor, or currently have charges pending? () Yes () No

IF YES, YOU MUST LIST ALL CONVICTIONS AND ATTACH A BRIEF STATEMENT OF EXPLANATION

Have you lived out of state in the past year? () Yes () No

I understand School Volunteers are required to sign in every day, have a current TB Test, and a valid identification card on file before starting volunteer service. Please attach a copy of tuberculosis test (valid for four years) and a copy of **one** of the following **U.S issued** forms of identification; Driver's License, State issued ID card, Passport or Permanent Resident Card. Once all documents are submitted, Volunteer forms will be sent to District Office for Board Approval. All Volunteers must be Board Approved prior to volunteering on any school site.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this form as may be necessary. I understand that this is not intended to be a contract for employment and that I am required to abide by all rules and regulations of the District.

Volunteer Signature _____ Date _____ Revised 06/2011-Golden Rod