



## Volunteer Application

Thank you for your time and interest in being a Twin Rivers volunteer! Volunteers are welcomed in our district and are a valuable member of our learning community. As part of the pre-volunteer process, you are required to undergo a criminal background investigation and Tuberculosis clearance. You are not authorized to volunteer on any campus unless under the direct supervision of a certificated staff member until the mandatory requirements have been fulfilled and you have been issued a District Volunteer ID badge. If you will be a volunteer driver for any student activities, you must also complete the "Personal Automobile Use" form and fulfill the requirements of that process. Thank you again for your support of our students!

### Personal Information

Last Name	First Name	Middle Initial	Date of Birth
Address	City	State	Zip Code
Work Phone	Other Phone <i>(please identify)</i>		E-mail
In case of emergency notify:			Phone Number
School site(s) where I will be volunteering:			
<b><u>PLEASE MAKE SURE YOU ANSWER THIS QUESTION</u></b>			
Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NOTE: If you answered yes please fully explain on an additional sheet.</b> <input type="checkbox"/> <i>copy of current Drivers License attached</i>			
<input type="checkbox"/> TB Clearance attached – valid through: _____ <i>(issuance date plus 4 years)</i>			

### Volunteer Areas

<input type="checkbox"/> Student Teacher/Social Work or Counseling Intern
<input type="checkbox"/> Tutor <i>(Requires proof of Basic Skills)</i>
<input type="checkbox"/> Mentor
<input type="checkbox"/> Parent (Student name(s)): _____
<input type="checkbox"/> Other: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the district, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to volunteer.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*\* Signature of Site Administrator (print & sign)*

\_\_\_\_\_  
*Date*

*Education Code §3502 prohibits the District from allowing persons required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer, conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code §290.4.*