

CARLSBAD UNIFIED SCHOOL DISTRICT VOLUNTEER APPLICATION

Information provided on this form is confidential and will be used only for school Volunteer Program purposes.

Please attach copies of your Driver's License and TB test.
Certain volunteer positions may require CPR and First Aid. If required, current CPR and First Aid cards must be submitted.

DATE _____ SCHOOL _____

FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? ____ YES ____ NO

IF YES, WHERE DO THEY ATTEND?

VOLUNTEER EXPERIENCE _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____

2. _____

Do you have a Mental Health License or Credential? # _____ YES ____ NO

PROFESSIONAL FITNESS QUESTIONS

Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other place? ____ YES ____ NO

NOTE: You must disclose your conviction, even if the case was dismissed pursuant to Penal Code section 1203.4

If the answer is yes, you must submit a full explanation on a separate piece of paper. Include date, location, offense and a short summary of the incident(s) that led to the conviction(s).

A conviction record is not an automatic bar to employment and the nature, recency, and disposition of an offense will be considered only as it relates to the job for which you are applying.

Have you ever been discharged or forced to resign from any position because of misconduct or unsatisfactory service? ____ YES ____ NO

If yes, attach a separate sheet stating circumstances, including dates, names, address of employers and causes.

Please continue to the back of the page to complete the application.

Are you currently the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved children or took place on school property? _____ YES _____ NO

If the answer is yes, you must submit a full explanation on a separate piece of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation.

Do you have any physical condition or handicap which may limit your ability to perform the position applied for? _____ YES _____ NO

If yes, what can be done to accommodate your limitation?

Are you required to register as a sex offender under Penal code 290.95? _____ YES _____ NO

"I understand that the District may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the District and any individuals providing the District with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am required, pursuant to Penal Code 290.95, to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

Volunteer Signature _____ Date: _____

Please Print Name _____