

Berryessa Union School District
VOLUNTEER APPLICATION FORM

SCHOOL: SCHOOL Year:

NAME Last First Middle

HOME ADDRESS City Zip

CONTACT NUMBER Home/Mobile/Work (Circle One) BIRTHDAY:

Are you currently a regular or substitute employee of the Berryessa Union School District? IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MAY STOP HERE AND MAKE ARRANGEMENTS FOR YOUR SERVICES WITH THE SITE ADMINISTRATOR. IF YOU ANSWERED "NO", PLEASE PROCEED TO COMPLETE THIS FORM.

Have you ever been employed by the Berryessa Union School District?

California Driver's License Number Email Address

Do you have a child or children in the school?

My child or children's names are:

Child or Children's grade level:

Child or Children's teacher:

Brief description of service to be performed:

Days of Service: Monday Tuesday Wednesday Thursday Friday Others - Explain

Dates of service from: To: Times am/pm to am/pm

Location where service is to be performed:

NOTICE: A person who is required to register as a sex offender shall not serve as a volunteer.

I have completed the above information truthfully and have read, understand, and will comply with district requirements and expectations for all volunteers. I authorize the Berryessa Union School District to conduct a criminal background check of school volunteers as permitted by law.

Signature Date

FOR DISTRICT USE ONLY

Site Administrator's Approval Date

HR Approval Date

TB Clearance on File Proof of Vaccination Been Verified DOJ Passed Incomplete Form:

Tuberculosis Risk Assessment Form Required for Volunteer with TB + History

SCHOOLS/DEPARTMENTS ARE RESPONSIBLE TO VERIFY AND SECURE PROOF OF TB CLEARANCE FOR EVERY VOLUNTEER. HR APPROVAL ONLY VERIFIES BACKGROUND CHECK.