

Pasadena Unified School District

Prospective Volunteer Application & Authorization

| Please Print Clearly | □ Parent Volunteer □ Comm | unity Athletic | : Coach | | | |
|--|---|---|--|--|--|--|
| Section I – Personal D | ata | | | | | |
| Name | | | Da | ate of Birth | | |
| <i>Last</i> Address | First | | M.I. | | | |
| Street Address | Apartment/Unit # | City | | State | ZIP | |
| Home Phone | Cell phone | | Email _ | | | |
| | Relationship | | | | | |
| Child's Name | School | | | | | |
| Personal Reference | | _Phone/Email: | | | | |
| Section II – Volunteer | Interests & Availability | | | | | |
| School/Site: | Coordi | inator/Teacher: | | | | |
| Explain briefly why you wan | nt to be a volunteer: | | | | | |
| | | | | | | |
| "LEVEL 1" Processed at School Site | Parents and others who volunteer while under the supervision of a certificated employee are required to be cleared under Megan's Law (PC 290.4) pursuant to state law and Board of Education Policy 1240. These volunteers are NOT PERMITTED to be left alone with students. | | | | | |
| Area(s) of Interest | □Classroom Helper □Library Assistant □Computer lab | □Room Parent □Science/Art Assistant □Science/Art Assistant □Clerical / Website □Other □ | | | | |
| "LEVEL 2" | Parents and others who work with sare required to be fingerprinted for a | | | | | |
| Processed at District | pursuant to state law and Board of I | Education Policy 12 | 240. | • | ustice and the Fbi | |
| Anan(-) -f let | □ One-on-one Tutor □ Cafeteria | ☐ Overnight Field Trip Chaperone | | | | |
| Area(s) of Interest | □Driver □Club Leader | □ Coach (title & sport): | | | | |
| Castian III. Statement | | | | | | |
| | t of Understanding, Authoriz | ation & Signat | ure | | | |
| The Pasadena Unified Schodrugs and abuse. In the intcriminal history (Education misleading information may compensation and without the background that may have | icted of a crime? Yes No ool District (PUSD) believes that every terests of students, staff and the con Code 35021/P.C. 290.4). I affirm the value lead to my termination as a volunte the right to health insurance benefits. a bearing on my function as a volunt e not been required to register as a | nmunity, the districthat the above infoneer. I am offering nown the PUSD may reteer. I certify unde | et screens volu frmation is true my services to equest any rel er penalty of p | unteer applicant le and complete o the PUSD as a levant information perjury and in o | s for any record of e and that false or a volunteer without on pertaining to my | |
| | Applicant's Signature | | | Date | | |
| | | INISTRATIVE USE O | NLY | | | |
| Date Rec'd CI | TB/CXR C&C lear Date: Form | PC 290.4 Clearance Date | Ori | ientation Date: | Initials | |
| DOJ/FBI Submitted | FOR OFFICE OF FAMILY & COM DOJ/FBI Cleared ID Bac | | Badge | | Database | |
| Authorized By | Assignment | | Release Date | | | |