



Pasadena Unified School District Prospective Volunteer Application & Authorization

Please Print Clearly

Parent Volunteer Community Athletic Coach

Section I – Personal Data

Name _____ Date of Birth _____
Last First M.I.

Address _____
Street Address Apartment/Unit # City State ZIP

Home Phone _____ Cell phone _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

Child's Name _____ School _____

Personal Reference _____ Phone/Email: _____

Section II – Volunteer Interests & Availability

School/Site: _____ Coordinator/Teacher: _____

Explain briefly why you want to be a volunteer: _____

“LEVEL 1” <i>Processed at School Site</i>	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	<input type="checkbox"/> Classroom Helper <input type="checkbox"/> Room Parent <input type="checkbox"/> Library Assistant <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Science/Art Assistant <input type="checkbox"/> Computer lab <input type="checkbox"/> Clerical / Website <input type="checkbox"/> Other _____

“LEVEL 2” <i>Processed at District</i>	Parents and others work with students outside of the direct supervision of certificated employees are required to be fingerprinted for a background check through the Department of Justice and the FBI pursuant to state law and Board of Education Policy 1240.
Area(s) of Interest	<input type="checkbox"/> One-on-one Tutor <input type="checkbox"/> Overnight Field Trip Chaperone <input type="checkbox"/> Cafeteria <input type="checkbox"/> Coach (title & sport): _____ <input type="checkbox"/> Driver <input type="checkbox"/> Club Leader _____ <input type="checkbox"/> Other _____

Section III – Statement of Understanding, Authorization & Signature

Have you ever been convicted of a crime? Yes No

The Pasadena Unified School District (PUSD) believes that every student should learn in an environment free from crime, violence, drugs and abuse. In the interests of students, staff and the community, the district screens volunteer applicants for any record of criminal history (Education Code 35021/P.C. 290.4). I affirm that the above information is true and complete and that false or misleading information may lead to my termination as a volunteer. I am offering my services to the PUSD as a volunteer without compensation and without the right to health insurance benefits. The PUSD may request any relevant information pertaining to my background that may have a bearing on my function as a volunteer. I certify under penalty of perjury and in conformance with Ed. Code 35021 that I have not been required to register as a sex offender pursuant to Penal Code 290.4.

Applicant's Signature

Date

FOR SCHOOL ADMINISTRATIVE USE ONLY					
Date Rec'd _____	TB/CXR Clear Date: _____	C&C Form <input type="checkbox"/>	PC 290.4 Clearance Date _____	Orientation Date: _____	Initials _____
FOR OFFICE OF FAMILY & COMMUNITY ENGAGEMENT USE ONLY					
DOJ/FBI Submitted _____	DOJ/FBI Cleared _____	ID Badge # _____	Badge Exp. Date: _____	Database <input type="checkbox"/>	
Authorized By _____	Assignment _____	Badge Release Date _____	Released By _____		