

VOLUNTEER / CHAPERONE INFORMATION**Personal Information:**_____
Volunteer's Full Name_____
Driver's License #_____
Date of Birth_____
Full Address_____
Phone Number_____
Physician's Name_____
Insurance Carrier_____
I.D./Member #_____
Personal to call in case of emergency_____
Relationship_____
Phone NumberDo you have children attending school in this District? Yes No

If yes, Student Name(s): _____

If no, Organization/Reason for Volunteering: _____

Tuberculosis Screening: (Education Code §49406)

All volunteers shall submit evidence that they are free from active tuberculosis. (Volunteers are responsible for cost.)

- I plan to use my personal physician for screening/testing.
 My clearance is still valid (attach proof of TB test/clearance).

Fingerprint Clearance: (BP/AR 1240)

The District will obtain fingerprint clearance through the Department of Justice before authorizing any person to serve outside the supervision of a certificated employee or on field trips. (Volunteers are responsible for any administrative fee(s), District will cover Department of Justice fee.)

TO BE COMPLETED BY VOLUNTEER:

I, _____, hereby agree to act in accordance with district policies, regulations and school rules. I understand that any volunteer who violates district policies, regulations or school rules may be asked to leave the campus or school related event. I also understand that the Superintendent can withdraw volunteer privileges from anyone who while in the performance of his or her duties is found to be in violation of district policies, regulations or school rules, including the use of alcohol, drugs or tobacco. I acknowledge that I have reviewed district policies, regulations and school rules.

Signature of Volunteer_____
Date**For Office Use Only:**

1. Tuberculosis Clearance Yes No Date of Renewal: _____
2. DOJ Fingerprint Clearance Yes No
3. Copy of Driver's License Yes No

Approved: _____

Superintendent Signature

Date