

SCHOOL YEAR: \_\_\_\_\_

**SAN DIEGO UNIFIED SCHOOL DISTRICT  
SCHOOL VOLUNTEER APPLICATION**

DATE \_\_\_\_\_ DISTRICT SPONSOR \_\_\_\_\_ SCHOOL \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(STREET) (CITY) (ZIP) MO/DAY/YR

Gov Issued ID Type \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ ID# \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_  
(NAME) (PHONE)

CURRENT EMPLOYMENT \_\_\_\_\_  
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer, \_\_\_New \_\_\_Returning

Are you also a volunteer at another SDUSD school? \_\_\_YES \_\_\_NO

If yes, please indicate the school(s): \_\_\_\_\_

Do you have any criminal charges pending against you? \_\_\_YES \_\_\_NO

Have you ever been convicted\* of a felony or misdemeanor? \_\_\_YES \_\_\_NO

Have you ever been convicted\* of a sex, drug or weapon related offense? \_\_\_YES \_\_\_NO

Are you required to register as a sex offender under Penal Code 290.95? \_\_\_YES \_\_\_NO

\*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: \_\_\_\_\_

Parent Volunteers: Please check whether you plan to drive \_\_\_YES \_\_\_NO  
for a field trip during the school year,

Please list the name(s) of your child(ren): \_\_\_\_\_

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

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. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER COORDINATOR:**

TB test completed (Date): \_\_\_\_\_

Volunteer category (check appropriate box and indicate date cleared):

Category B ◆ Megan's Law database check - cleared \_\_\_\_\_

Category C ◆ SDUSD School Police background check - cleared \_\_\_\_\_

Category D ◆ Fingerprinting - cleared \_\_\_\_\_

Type of volunteer (check if appropriate):

\_\_\_ Parent \_\_\_ OASIS Volunteer  
\_\_\_ Community \_\_\_ Rolling Reader/EAR \_\_\_ CalWORKS  
\_\_\_ Partner \_\_\_ College Student \_\_\_ Other \_\_\_\_\_

Volunteer service ended (date): \_\_\_\_\_

Reason for leaving:

\_\_\_ Child no longer at school  
\_\_\_ Moved \_\_\_ Illness  
\_\_\_ Employment \_\_\_ Requested to Leave  
\_\_\_ Other: \_\_\_\_\_

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS



## **VOLUNTEER CODE OF CONDUCT**

(This document defines the district's expectations for all school volunteers.)

**As a volunteer, I agree to abide by the following code of volunteer conduct:**

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure# 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

**I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.**

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Print Name

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Signature

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Date

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Phone Number