

Fullerton Joint Union High School District

VOLUNTEER APPLICATION PG.1

PERSONAL INFORMATION

Name

First Name

Last Name

Address

Date of Birth

Contact

Phone

email

VOLUNTEER SITE

High School

Name

Staff Sponsor

CLEARANCE LEVEL

SELECT ONE

1. Supervised Classroom Visitor Volunteer

☐ Raptor Clearance (Megan's Law)

☐ Volunteer Handbook Receipt

☐ Site Administration Clearance

2. Volunteer Tutor, Mentor or Fieldtrip Chaperone

☐ Driver's license/ID

☐ Fingerprint Clearance

☐ Volunteer Handbook Receipt

☐ Site Administration Clearance

☐ HR Clearance

Cleared by: _____

Administrator: _____

☐ New Volunteer

☐ Returning Volunteer

Date: _____

Level_1: Site, 2: HR

Fullerton Joint Union High School District

VOLUNTEER APPLICATION PG. 2

PERSONAL INFORMATION

Please respond to the following items:

Have you ever been convicted of any sex or drug offense? If the answer is 'yes,' please write a complete explanation on reverse side. Yes ☐ No ☐

Are you presently free from any communicable disease which could readily be transmitted in a school environment, such as but not limited to tuberculosis, hepatitis, etc.? Yes ☐ No ☐

Please list names and telephone numbers of two individuals to be contacted in the event of an emergency while you are rendering volunteer services:

Name _____ Phone # _____

VOLUNTEER NOTIFICATION

I understand that volunteers are not compensated, and that I may only provide assistance under the direction and supervision of a teacher/coach employed by the Fullerton Joint Union High School District.

I understand that if I am issued any District property during my service, the property will be returned to the Principal/designee at the end of the term of my volunteer service.

I understand that my volunteer service excludes me from transporting students and that the FJUHS insurance does not cover my volunteer service.

I understand that my volunteer services are at the discretion of the Board, through its designee, the site principal, and that my services may be terminated at any time and must be approved annually (every July 1st).

VOLUNTEER NAME: _____

VOLUNTEER SIGNATURE: _____ **DATE:** _____

HR APPROVAL: _____ **(LEVEL 2)**