

# Volunteer Packet

Print with Volunteer Application  
(For Office Use Only)

School Fiscal Year \_\_\_\_\_ - \_\_\_\_\_

School Site(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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## Volunteer Type:

☐ Parent ☐ Coach ☐ Student Teacher/Future Educator Other: \_\_\_\_\_

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## School Site Personnel - The following items are required from all Volunteers:

1. \_\_\_\_\_ Volunteer Application
2. \_\_\_\_\_ Photo ID. For identification purposes (valid CA Driver License & CA Identification Card)
3. \_\_\_\_\_ Checked Aeries for Red Flags (Court or Restraining Orders)
4. \_\_\_\_\_ Clearance through Raptor; Date Cleared \_\_\_\_\_

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## Human Resources Clearances:

5. \_\_\_\_\_ Valid TB Risk Assessment
6. \_\_\_\_\_ Social Security Card (Student Teachers/Future Educators Only)
7. \_\_\_\_\_ Fingerprints paid. Receipt Number: \_\_\_\_\_

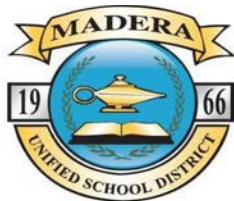
Prints on file ☐ Yes ☐ No Dates: \_\_\_\_\_

TB on file ☐ Yes ☐ No Dates: \_\_\_\_\_

Volunteer badge issued ☐ Yes ☐ No Dates: \_\_\_\_\_

School Site Notification Date: \_\_\_\_\_

**\*\*Volunteer applications/renewals are processed upon appointment only. \*\***  
**Submit your packet to the school site. NO walk-ins.**



## MADERA UNIFIED SCHOOL DISTRICT

### VOLUNTEER APPLICATION

All persons must complete this application form before they are permitted to volunteer in the schools or at school activities of the Madera Unified School District ("District").

#### **BACKGROUND INFORMATION:**

Legal Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Home Address: \_\_\_\_\_  
Street Apartment # City/State Zip

Contact Information: \_\_\_\_\_  
Home Phone Work Phone Alternate Phone Email address

Male ☐ Female ☐ Nonbinary ☐ Date of Birth \_\_\_\_\_ CDL/CID # \_\_\_\_\_

Are you volunteering to drive students to or from a District-sponsored event or activity? Yes ☐ No ☐

(If yes, contact Risk Management at (559) 675-4500 verification of insurance and clearance from MUSD Transportation may be required.)

#### **VOLUNTEER INFORMATION:**

I am interested in volunteering for the following school(s) \_\_\_\_\_ as a:

Parent ☐ Coach ☐ Student Teacher/Future Educator ☐ Other: \_\_\_\_\_

Do you have a child/children attending this school? Yes ☐ No ☐

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently a secondary school student in the District? Yes ☐ No ☐

Are you currently an employee of the District? Yes ☐ No ☐

Must submit valid TB Risk Assessment? Yes ☐ No ☐

Have you ever been convicted of a criminal felony or misdemeanor? Yes ☐ No ☐

If yes, please give date(s) and explanation: \_\_\_\_\_

I agree to abide by all state and federal laws and all policies and regulations of the Governing Board of the Madera Unified School District.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Administrator

\_\_\_\_\_  
Date