

Volunteer Packet

Print with Volunteer Application (For Office Use Only)

	School I	Fiscal Yea	r	<u> </u>				
School Site(s):								
Applicant 1	Name:							
Volunteer Type: □ Parent	⊡ Coach	□ Student	Teacher/Future	Educator Other:				
School Site Person	onnel - The following i	tems are requi	red from all Vo	lunteers:				
1	Volunteer Application	n						
2	2 Photo ID. For identification purposes (valid CA Driver License & CA Identification Card)							
3	3 Checked Aeries for Red Flags (Court or Restraining Orders)							
4	Clearance through Ray	ptor; Date Clear	red					
Human Resources Clearances:								
5	Valid TB Risk Assess	sment						
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 N	otification	Date:						

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

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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:

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 UNTEER INFORMATION:		First Name	Middle Initia	d Last Name	
Home Phone Work Phone Alternate Phone Email address	Home Address:				
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 UNTEER INFORMATION: I am interested in volunteering for the following school(s)		Street	Apartment #	City/State	Zip
Are you volunteering to drive students to or from a District-sponsored event or activity? Yes No No	Contact Information:		*** 1.51		
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 UNTEER INFORMATION: I am interested in volunteering for the following school(s)			Work Phone	Alternate Phone	Email address
Student Name	Male Female	Nonbinary	Date of Birth		CDL/CID#
UNTEER INFORMATION: I am interested in volunteering for the following school(s)	Ara yan yahintaarina ta	drive students to or from	a District anongored ava	ont or activity? Vos	No.
I am interested in volunteering for the following school(s)					
I am interested in volunteering for the following school(s)	(If yes, contact Risk Man	agement at (559) 675-4500 v	verification of insurance a	nd clearance from MUSD	Fransportation may be required.
I am interested in volunteering for the following school(s)	INTEED INFORM	ATION.			
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.	UNIEEK INFORM	ATION:			
Do you have a child/children attending this school? Yes	I am interested in volun	teering for the following s	school(s)		as a:
Student Name Teacher Mre you currently a secondary school student in the District? Yes No No Must submit valid TB Risk Assessment? Have you ever been convicted of a criminal felony or misdemeanor? Yes No Must submit valid TB Risk Assessment? Yes No Must submit valid TB Risk Assessment? Yes No Must submit valid TB Risk Assessment? Yes No Must you ever been convicted of a criminal felony or misdemeanor? Yes Must Submit valid TB Risk Assessment? Yes Must Submit valid TB Risk Assessment?	Parent	Coach	Student Teacher/F	uture Educator	Other:
Are you currently a secondary school student in the District? Are you currently an employee of the District? Yes \Boxtimes No \Boxtimes Must submit valid TB Risk Assessment? Have you ever been convicted of a criminal felony or misdemeanor? Yes \Boxtimes No \Boxtimes 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.	Do you have a child/cl	nildren attending this scho	ol? Yes □	No □	
Are you currently a secondary school student in the District? Are you currently an employee of the District? Yes \Boxtimes No \Boxtimes Must submit valid TB Risk Assessment? Yes \Boxtimes No \Boxtimes Have you ever been convicted of a criminal felony or misdemeanor? Yes \Boxtimes No \Boxtimes 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.	Student Name		Teacher		
Are you currently an employee of the District? Must submit valid TB Risk Assessment? Yes \Box \Box \Box \Box \Box \Box \Box \Box					
Are you currently an employee of the District? Yes \Box \Box No \Box \Box House to abide by all state and federal laws and all policies and regulations of the Governing Board of the Madera Unified School District.					
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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.	Are you currently a se	condary school student in	the District?	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.			the District?		
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.	Are you currently an e	mployee of the District?	the District?	Yes □	No □
School District.	Are you currently an e Must submit valid TB	mployee of the District? Risk Assessment?		Yes □ Yes □	No □
School District.	Are you currently an e Must submit valid TB Have you ever been co	mployee of the District? Risk Assessment? onvicted of a criminal felor	ny or misdemeanor?	Yes □ Yes □	No □
Volunteer Signature Date	Are you currently an e Must submit valid TB Have you ever been co	mployee of the District? Risk Assessment? onvicted of a criminal felor	ny or misdemeanor?	Yes □ Yes □	No □
Volunteer Signature Date	Are you currently an e Must submit valid TB Have you ever been co If yes, please give date I agree to abide by a	mployee of the District? Risk Assessment? onvicted of a criminal feloue(s) and explanation:	ny or misdemeanor?	Yes □ Yes □ Yes □	No □ No □ No □
volunteer Signature Date	Are you currently an e Must submit valid TB Have you ever been co If yes, please give date I agree to abide by a	mployee of the District? Risk Assessment? onvicted of a criminal feloue(s) and explanation:	ny or misdemeanor?	Yes □ Yes □ Yes □	No □ No □ No □
	Are you currently an e Must submit valid TB Have you ever been co If yes, please give date I agree to abide by a School District.	mployee of the District? Risk Assessment? onvicted of a criminal feloue(s) and explanation:	ny or misdemeanor?	Yes □ Yes □ Yes □ Ilations of the Governing	No □ No □ No □