

# Volunteer Packet

-

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SITE: \_\_\_\_\_

POSITION: VOLUNTEER

The following items are required from all Volunteers:

1. \_\_\_\_\_ Volunteer Packet
2. \_\_\_\_\_ TB Verification
3. \_\_\_\_\_ Photo ID. For identification purposes (CA Driver License & CA Identification Card)
4. \_\_\_\_\_ Social Security Card (Student Teachers Only)
5. \_\_\_\_\_ COVID Vaccination Card Completion Date: \_\_\_\_\_
6. Fingerprints paid. (\$47.00 District) & (\$15.00 County) Total \$62.00

Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

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## **Volunteer Types:**

- ☐ **Parent**
- ☐ **Coach**
- ☐ **Student Intern**
- ☐ **Student Teacher**
- ☐ **Ministerial Volunteer**

**Prints on File**

☐ **Yes** ☐ **No Dates:** \_\_\_\_\_

**TB on File**

☐ **Yes** ☐ **No Dates:** \_\_\_\_\_

**Megan's Law Verification**

☐ **Yes** ☐ **No Dates:** \_\_\_\_\_

**Security ID Badge**

☐ **Yes** ☐ **No Dates:** \_\_\_\_\_



Madera Unified School District

## **Volunteer Procedures**

The Madera Unified School District welcomes parents and community members who wish to donate their time and services on behalf of our students and staff.

**Fingerprints are required to volunteer for Madera Unified School District.**

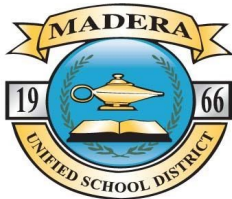
Volunteers are responsible for all fees associated with fingerprinting. Persons wishing to volunteer for a particular event are encouraged to do so promptly, as the fingerprinting process can take up to three weeks or more to clear.

The District will only accept volunteers who have completed the following process:

1. Each applicant must complete the Volunteer Packet and submit to the District Human Resources Department.
2. Parent volunteers must obtain the Principal's signature on the form and the school site will attach Megan's Law Print-Out.
3. Must submit current chest X-ray or TB skin test. (Within the last 4 years)
4. Human Resources will schedule the fingerprint appointment with the *Madera Unified School District located at 1902 Howard Rd.*
5. **The total fingerprinting fee is \$62.00.**

**Volunteers must contact our Human Resources Technicians at (559) 675-4500 ext 276 or 277, with any questions and to schedule your appointment.**

**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 Other

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

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

Male ☐ Female ☐ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

### **DRIVER'S LICENSE INFORMATION:**

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

(Verification of insurance and clearance from MUSD Transportation may be required)

If yes, please provide your California Driver's License #: \_\_\_\_\_

### **VOLUNTEER INFORMATION:**

I am interested in volunteering for the following duties for \_\_\_\_\_ School:

☐ Parent ☐ Coach ☐ Student Intern ☐ Student Teacher

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 current chest X-Ray or TB skin test? 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 \_\_\_\_\_