

Berryessa Union School District
VOLUNTEER APPLICATION FORM

HR 10-A

SCHOOL: _____ SCHOOL Year: _____

NAME _____
Last First Middle

HOME ADDRESS _____
City Zip

Home # _____ Cell # _____ Work # _____

Are you currently a regular or substitute employee of the Berryessa Union School District? Yes No
IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MAY STOP HERE AND MAKE ARRANGEMENTS FOR YOUR SERVICES WITH THE SITE ADMINISTRATOR. IF YOU ANSWERED "NO", PLEASE PROCEED TO COMPLETE THIS FORM.

Have you ever been employed by the Berryessa Union School District? Yes No

California Drivers License Number _____

Do you have a child or children in the school? Yes No

My child or children's names are:

Child or Children's grade level:

Child or Children's teacher:

Brief description of service to be performed:

Days of Service: Monday Tuesday Wednesday Thursday Friday Others – Explain

Dates of service from: _____ To: _____ Times _____ am/pm to _____ am/pm

Location where service is to be performed: _____

NOTICE: A person who is required to register as a sex offender shall not serve as a volunteer.

I have completed the above information truthfully and have read, understand, and will comply with district requirements and expectations for all volunteers. I authorize the Berryessa Union School District to conduct a criminal background check of school volunteers as permitted by law.

Signature _____ Date _____

FOR DISTRICT USE ONLY

Site Administrator's

Approval _____ Date _____ TB Clearance on File

Asst. Supt. HR Approval _____ Date _____