## Rescue USD Volunteer I

Return application and other required documents to school(s) of choice Please print legibly and fully complete application

Last Name:	First Name:	MI.	Birthdate:
Address:	Em	nail:	
City/Zip:	Ce	ellphone:	
	Please provide nar		
Have you ever been requ If yes, please exp	victed of a felony or a misdemeand uired to register as a sex offender? plain at the bottom of this applications and Jse additional pages if needed)	Yes	NoNoNo us to further understand the nature
Code 290.95, you are requistatus as a registered sex of fine. By signing your name Penal Code 290.95, to disconvictions for sex or drug you, or (2) you have disclosured.	inteer you may have more than occasion ired to disclose to school officials if you fender is a violation of Penal Code 29 to below, you declare under penalty of close to school officials that you are a grelated offenses or for crimes of viole posed all relevant information to the Discourse or misdemeanor, I will immediately respectively.	ou are a registered so 90.95 and is a crime f perjury, that either (registered sex offendence, and there are n strict. I further declar	ex offender. Failure to disclose your punishable by imprisonment and/or (1) you are not required, pursuant to der, and that you have not suffered to criminal charges pending against are that if I am, subsequent to this
and references, and agains volunteer work at the Distr	sibility or liability against the Rescue t persons or organizations providing strict. I have read and understand the in th in the volunteer handbook, and under tion.	uch references for ar aformation in the vol	ny statements made in relation to my unteer handbook. I agree to comply
access while performing m	Application, I agree to maintain strict on volunteer duties. I understand that ass any such information except to or volunteer duties.	all information regar	rding students is confidential and that
Signature:	Date _		<u></u>

## **Rescue USD Volunteer I Checklist**

Submit Volunteer I Application Form					
☐ Signed Volunteer Responsibilities Form (Pa	age 5-6 of the Volunteer	Handbook packet)			
☐ Provide proof of identification, such as a California Driver's License, California ID, etc.					
☐ Submit a negative TB test clearance – submitted every four years thereafter					
☐ TB Risk Assessment Question	naire completed by a me	dical professional - OR -			
☐ Negative TB Skin Test					
☐ Site will conduct a Megan's Law National Search Review of your name					
☐ Read and understand the RUSD Volunteer Handbook					
☐ Contact school or student's teacher for volunteer opportunities					
Office Use Only					
Site: Proof of Identification: Type #	<u> </u>	<u> </u>			
Site: Megan Law Review by:	Date	_			
Site Approval	Date	Orientation Date:			
Volunteer Location: School	Classroom	Coach			