



Pacifica School District: Volunteer Application Form

Last Name _____ First Name _____ DOB _____

Home Address _____ City/State _____ Zip Code _____

CA Driver's License/Identification Number _____ Exp. Date _____

Telephone _____ Wk. _____ Cell _____

E-mail _____

Emergency Contact Person _____ Telephone _____

Language(s) spoken _____

Parent/Guardian Volunteer			
List your child(ren), school site, teacher, and room number			
First and Last Name	School Site	Teacher	Room
1.			
2.			
3.			
Brief Description of services to be performed: -			

Have you ever been convicted of a felony or a misdemeanor? ___yes ___no

If yes, please attach an explanation of when, where, and disposition of the case(s). A conviction may not necessarily disqualify you from serving at a Pacifica School District school site. Education Code 35021 provides that a person who is required to register as a sex offender pursuant to Penal Code section 290 shall not serve as a volunteer.



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I declare under penalty of perjury under the laws of the State of California that I have completed the above information truthfully; and have read, understand, and will comply with district requirements and expectations for all volunteers. I understand that if the information I provided is not accurate, my volunteer services will be terminated. The Pacifica School District reserves the right to conduct a criminal background check of school volunteers as permitted by law.

Name (Print) _____

Signature _____

Date _____

Office Use Only

<input type="checkbox"/> TB test (if applicable) <input type="checkbox"/> Fingerprint (if applicable) <input type="checkbox"/> Background Check (if applicable)
Authorized Principal/Designee: _____
Date: _____

11/28/10 Original

8/10/16