

PETALUMA CITY SCHOOLS  
VOLUNTEER APPLICATION

Information provided on this form is confidential and will be used for Volunteer Program purposes only.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Emergency Contact Name/Phone Number \_\_\_\_\_

Drivers License (Photocopy Driver's License or California DMV ID and attach)  OF:  
Physical Description (Height, Weight, Hair Color, Eye Color, Outstanding Feature:) (attach)

Do you have children or grandchildren in this school? Yes  No

If yes, name(s) and grade(s) of child(ren): \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Have you lived in California less than 12 months?	_____ Yes	_____ No
Have you ever been convicted of a felony?	_____ Yes	_____ No
Have you ever been convicted of a sex or drug related offense or crime of violence?	_____ Yes	_____ No
Are you required to register as a sex offender under Penal Code 290.95?	_____ Yes	_____ No

"I understand that the District may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the District and any individuals providing the District with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. As a guest and volunteer of this school or District, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex or drug related offenses or crimes of violence and that there are no criminal charges pending against me. I agree to abide by the District's safety and health rules and regulations."

Do you agree to maintain CONFIDENTIALITY of students' information? Yes  No

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

PETALUMA CITY SCHOOLS

Request for Fingerprint Clearance for Volunteer

Please check all boxes that apply and submit complete information to Human Resources

I hereby request that the District obtain fingerprint clearance for the following volunteer(s):

Group (check a box below and attach a separate list with names and telephone numbers):

Individual:

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

District-paid fingerprint clearance for this position:

Classroom Volunteer

Volunteer-paid fingerprint clearance for these positions:

Athletics

To meet teacher/counselor preparation program requirements

Mentor Me Program

Non-parent day-time field trip chaperone

Date of field trip: \_\_\_\_\_ Supervising Teacher: \_\_\_\_\_

Overnight field trip chaperone(s)

Please attach a separate list of chaperone names and telephone numbers

Date(s) of field trip: \_\_\_\_\_ Supervising Teacher: \_\_\_\_\_

Other category (must be specified): \_\_\_\_\_

PETALUMA CITY SCHOOLS  
200 Douglas Street  
Petaluma, CA 94952

MEMO TO: All New Employees and/or Volunteers

FROM: Human Resources

For the protection of our students and employees of the Petaluma School District, all employees and volunteers must have a current TB test on file. **As a condition of employment, new employees are required to submit proof of freedom of tuberculosis within 30 days of their hire date.** TB verifications are offered free of charge. The TB clinic is held on a designated Wednesday of each month during the school year from 3:00 to 4:00 p.m. at the District Office in the Redwood Room. The reading of the test is done the following Friday between 3:00 to 4:00 p.m. at the same location. The Tuberculosis screening is valid for four years. If you decide to have a TB test done by your own doctor (at your own expense), please be aware that the **verification must be read and signed by a licensed physician, surgeon, school nurse or a public health service.** "Self-read" tests are not acceptable.

If you have tested positive in the past to the skin test and have been x-rayed for your clearance, please call Human Resources at (707) 778-4609. **You may not need to have another x-ray.**

Thank you for your cooperation.

**PLEASE TAKE THIS FORM WITH YOU AT THE TIME OF THE TB TEST.**

PETALUMA CITY SCHOOLS  
200 Douglas Street  
Petaluma, CA 94952

Date: \_\_\_\_\_

\_\_\_\_\_ is an employee or volunteer with the Petaluma City Schools. We request you to provide this individual with a verification of freedom from TB, which in turn is to be submitted to the Human Resources Office.

\_\_\_\_\_  
Human Resources