

CNUSD Volunteer Application
Corona-Norco Unified School District
(Revised on 9/10/2010)

Legal Name: _____
(First) (Middle) (Last)
Gender: M _____ F _____ Birth Date: _____ AKA/Nickname _____
Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip _____ Home Phone _____
(Area Code)
E-mail address _____ Cell Phone _____
(Area Code)
Student's Name _____ Grade _____

Previous address if you have lived at current address less than 5 years

Street Address _____
City _____ State _____ Zip Code _____

I'M INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS

- | | | |
|---|--|---|
| <input type="checkbox"/> Reading to/with children | <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Library Helper |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Special event assistance for individual schools | |
| <input type="checkbox"/> PTA | <input type="checkbox"/> Other _____ | |

School/Site _____

Have you been previously fingerprinted for the Corona-Norco Unified School District? Yes _____ No _____

DISCLOSURE: All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer.

Have you ever been convicted of a crime? YES NO

If yes, describe each conviction in full, even if it was later dismissed, expunged or sealed. Also indicate date(s) of crime (s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

I understand that in applying to serve as a school volunteer, I will be required to comply with Board Policy and Administrative Regulation 6801. This includes district staff verifying that my name is not listed on the State of California Megan's Law database. I understand that under certain circumstances I will be required to obtain fingerprint clearance, at my expense, and that I will be required to comply with all Riverside County Department of Health requirements. Once approved, this application can be revoked by the district.

I certify that, under penalty of perjury, all of the information I have provided is true and correct.

Signature _____ Date _____

School Use Only:

4 hours or more	<input type="checkbox"/> yes <input type="checkbox"/> no	Confirm Identity/ Photo ID	<input type="checkbox"/> yes <input type="checkbox"/> no
Megan's Law clearance	<input type="checkbox"/> yes <input type="checkbox"/> no		
Forwarded for fingerprinting	<input type="checkbox"/> yes <input type="checkbox"/> no	Budget Code#	_____

School Official _____ Date _____

District Office Use Only:

Fingerprinting clearance yes no

District Official _____ Date _____