

**CAPISTRANO UNIFIED SCHOOL DISTRICT
VOLUNTEER APPLICATION FORM**

NAME _____

(First)

(Middle)

(Last)

ADDRESS _____

PHONE () _____ BIRTH DATE _____

PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY:

1) NAME _____ PHONE NO. _____

TYPE(S) OF VOLUNTEER WORK TO BE PERFORMED _____

All volunteers with student contact must have fingerprint and TB clearance. *Please note that conviction for certain crimes may preclude your consideration as a volunteer.

I acknowledge that all information provided is true and correct.

(Print Name)

(Signature)

*This information will remain confidential.

Capistrano Unified School District Volunteer Handbook

Please read the following statements and sign below to acknowledge your review of the CUSD Volunteer Handbook located on the district website:

- I have reviewed the website version or a hard copy of the CUSD Volunteer Handbook. I understand that the policies and requirements described may be subject to change based upon district needs and priorities.
- I am aware that during the course of volunteering, confidential information may be made available to me. I understand that it is critical that this information not be disseminated within or outside the school community.
- I understand that my volunteer services are terminable at will, either by myself or Capistrano Unified School District, regardless of the length of my volunteer service.

Volunteer's Signature

Date

Coordinator's Signature

Date

For Official Use Only

TB Clearance _____

DOJ Clearance _____

Initials

Date