

**Ferndale Unified School District**  
**ACTIVITY VOLUNTEER REGISTRATION FORM**    School Year \_\_\_\_\_

Will work with students in a district sponsored activity program. We appreciate your interest in your school and your offer to volunteer.

**An incomplete or unsigned form will not be considered.**

**A COPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    Male  Female

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Have you ever been convicted of a felony or misdemeanor criminal offense? Yes  No  If so, please give explanation and statement of sentence imposed. (Conviction does not necessarily disqualify candidate.) Failure to truthfully provide the information requested is cause for disqualification. \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Number of Hours Available to Volunteer \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Please state your reason(s) for volunteering for the Ferndale Unified School District.

Special skills you can offer: (i.e., art, languages, reading, math, drama, music, etc)

Personal References (not related):

Telephone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you have any physical or health problems which would prevent you from performing specific kinds of work?

*Providing this information will not preclude you from volunteering; it will assist in providing a positive volunteering experience.*

Yes  No  If yes, give details: \_\_\_\_\_

I certify under penalty of perjury and in conformance with Education Code §35021 that I am not required to register as a sex offender pursuant to Penal Code section 290. I understand that, in accordance with District policy, school administrators will verify this information via the California Megan's Law database.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY:**

Volunteer's Supervisor: \_\_\_\_\_

TB Clearance applicable to district? Yes  No

ASCC or fingerprint criminal background check (circle one) \_\_\_\_\_ date

TB Clearance: \_\_\_\_\_