## Ferndale Unified School District COACH

## **VOLUNTEER REGISTRATION FORM**

School Year

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/		
		State: Zip:
		Business Phone:
Email:		
Have you ever been convicted of a felony or misdemeanor criminal offense? Yes \( \subseteq \) No \( \subseteq \) 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	C	rade Level(s)
Please state your reason(s) for volunteering for t	ne Ferndale Unified School	District.
Special skills you can offer: (i.e., art, languages	reading, math, drama, mus	sic, etc)
Personal References (not related):	Telephone N	fumber:
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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 \( \square\) No \( \square\)
ASCC or fingerprint criminal background check (circle		TB Clearance:
First Aid/CPR Training valid until:		Concussion Certificate completed:
oaching Education Certificate completed:		

Revised: February 2013

JPA/Volunteer Forms/CoachVolRegForm