

Ferndale Unified School District
VOLUNTEER REGISTRATION FORM School Year _____

May supervise students during lunch, breakfast, or other nutritional periods or may serve as non-teaching aides under the immediate supervision and direction of certificated personnel to perform non instructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. 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: _____

School(s): _____ Teacher Name: _____

Student(s) Names: _____

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

DOJ Megan's Law check: _____ date

TB Clearance: _____