

# Albany USD Volunteer II Application

Return application and other required documents to school of choice  
Please print legibly

Name: \_\_\_\_\_

If related to a child in school  
provide name(s) of students:

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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

School \_\_\_\_\_

Previous school where volunteered \_\_\_\_\_

Have you ever been convicted of a serious, violent, or drug crime or do you have charges pending of a serious, violent, or drug crime?     Yes     No

Have you ever been required to register as a sex offender?     Yes     No

If yes, please explain (use additional pages if needed)

\_\_\_\_\_

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school official if you are a registered sex offender. Your failure to disclose this fact could result in your arrest, prosecution, and likely fine and imprisonment. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District.

I hereby waive any responsibility or liability against the Albany Unified School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information in the volunteer handbook. I will follow the guidelines to the best of my ability.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

## Office Use Only

Site: Proof of Identification: Type _____ # _____
Site: TB Date _____ Driver _____ Classroom _____ Coach _____
Site Approval _____ Date _____
Human Resources: Board Meeting _____ DOJ _____ FBI _____

## Albany USD Volunteer II Checklist

- \_\_\_\_\_ Contact site of choice for volunteer opportunities
- \_\_\_\_\_ Obtain fingerprint form from school site and submit fingerprints (fingerprint locations provided on reverse of fingerprint form)
- \_\_\_\_\_ Obtain proof of a negative TB test within the last 60 days
- \_\_\_\_\_ Read and understand AUSD Volunteer Handbook
- \_\_\_\_\_ Submit to school of choice:
  - Volunteer II Application
  - TB clearance
  - Copy of LiveScan form. If fingerprint reimbursement (up to \$20.00) is requested, then submit receipt.