

Benton M.S. 7th Grade Science Camp

Emerald Bay Outdoor Academy 10/23/23 - 10/25/23

NLMUSD VOLUNTEER APPLICATION

Applicant Name: _____
Last First Middle Initial

AKA's: _____
Last First Middle Initial

Date of Birth: _____ Sex: ___ Male ___ Female

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Place of Birth (State or Country): _____

Driver's License or California ID #: _____

Home Address: _____
Street Address City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Criminal History: Have you ever been convicted of a felony or misdemeanor (except for juvenile convictions)? ___ Yes ___ No

If yes, explain in full detail (add additional pages as necessary):

Date	City and State	Conviction(s)	Sentence

STATEMENT OF COMMITMENT AND RESPONSIBILITIES

As a Volunteer on a Norwalk-La Mirada Unified School District campus, I agree to:

- *Attend orientation or training sessions as necessary for my assignment
- *Keep school and student information confidential
- *Abide by all school rules and Board regulations applicable to me
- *Notify Principal/Designee in advance if I must be absent

I understand my responsibilities as a volunteer for the Norwalk-La Mirada Unified School District. I further understand that I may be required to provide fingerprints and other personal information to the Norwalk-La Mirada Unified School District and that a criminal background check may be conducted. I understand that my failure to disclose accurate and complete information is cause for rejection of my volunteer application. *Signed under penalty of perjury:*

Volunteer Signature

Date

Site Use Only

Site Volunteering at: **Benton MS/ Emerald Bay** Interview Date: _____

Type of Screening: Criminal Background Check (i.e. occasional volunteer, non-instructional duties)

DOJ/FBI Clearance (i.e. preschool, overnight events, instructional duties)

Principal/Department Head's Signature: _____ Date: _____

Human Resources Use Only

T.B. Test results received by: _____ Expiration Date: _____
Print Name

DOJ Clearance date: _____ DOJ Delay date: _____

FBI Clearance date: _____ FBI Delay date: _____

Clearance Notification to Principal/Department Head Date: _____

School Safety Use Only

Background Check conducted by: _____ _____
Print Name Initial

Date conducted: _____ Date cleared: _____

ATTESTATION REGARDING IDENTIFICATION

Instructions: This form must be filled out completely by the individual making the attestation of his/her identity. It must be accompanied by the completed volunteer application with which it is associated, a TB Clearance illustrating the same named individual if applicable, and proof of residence address (Electric, Gas, Phone Bill, Mortgage or Rental Receipt).

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

I hereby declare under penalty of perjury that I am the individual named above and further testify that my identity as represented to the Norwalk-La Mirada Unified School District on this Attestation and on my Volunteer Application is truthful and accurate.

I understand that my name, address, birth date and other information provided to the District will be used to secure background information to assure safety of students, staff and community.

Signature

Date

Witness

Date

