

***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/CIMI Trip** 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