

MUROC JOINT UNIFIED SCHOOL DISTRICT
17100 Foothill Avenue
North Edwards, California 93523
760-769-4821 + 661-258-4356

VOLUNTEER APPLICATION FORM

Name: _____ Driver's License #: _____

Address: _____

Home Phone #: _____ Cell or Work Phone #: _____

Please answer "yes" or "no" to the following questions:

Have you ever been convicted of, admitted to, or are you under official investigation for any of the following:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. a felony | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a sex offense | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. child abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. a violent crime | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. a controlled substance offense* | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>*if admitted to or under official investigation for, did this occur within one (1) year from the date of last usage</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>*if convicted, did this occur within the past five (5) years</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Is there anything the Board should be aware of in considering your application?

I understand that the information given will only be used by school officials and law enforcement authorities. I declare, under penalty of perjury, that the above statements are true and correct.

Signature: _____ Date: _____

Note: Volunteer coaches are required to submit fingerprints, either electronically through the Live Scan system or on a fingerprint identification card, for processing by the Department of Justice. If the District is using the Live Scan system, it shall provide the applicant with a Live Scan request form and a list of nearby Live Scan locations.

All volunteers (**except** for activities sponsored specifically by the PTA/PTO/PAC) are required to prove that they are free from active tuberculosis. A chest x-ray will only be required if the intradermal tuberculin test is positive.

Proof of TB results may be checked by the school district nurse or the medical office where the test was administered.

Date of TB test: _____ TB test results: Positive Negative

Checked by: _____ Date: _____

AFTER COMPLETION, THIS FORM IS TO BE SENT TO THE PERSONNEL OFFICE.

Information verified by: _____ School: _____

If you plan to drive a district vehicle for school events please complete District Registration and DMV Release of Driver Record Information forms. You can access these forms from the District website: www.muroc.k12.ca.us, District Forms, Admin Regulation 3541.1, Transportation for School-Related Trips.