## Instructions:

- Return completed forms and proof of TB to your school site.
- Once your application is approved by the site, Human Resources will contact you to schedule a fingerprinting appointment.

## **VOLUNTEER APPLICATION**

TRACY UNIFIED SCHOOL DISTRICT 1875 West Lowell Avenue Tracy, CA 95376 (209) 830-3260 fax (209) 830-3264

NAME _		
NAME(Last)	(First)	(Middle)
ADDRESS		
TELEPHONE NUMBER	MESSAGE N	UMBER
WORK NUMBER		
Driver's Lic. #:	Date of Birth:	
Volunteer/School Site(s)	Student(s)' Na	ime:
Please circle scheduled days at the site: M T W Th	ı F	
Have you ever been convicted for <b>any</b> offense again omit minor traffic violations. Drunk or reckless driv record does not automatically bar you from voluntee disqualification or dismissal.)	ing is not a minor offering. However, failure	ense. (The existence of a criminal e to report is cause for
Are there any criminal charges currently pending aga	ninst you?	_ If yes, please explain:
To insure the safety of our students, a criminal histor Justice and the Federal Bureau of Investigation. Department. This process will require you to be fing fee for fingerprinting. Work and/or personal refer the volunteer process at least 2-3 weeks be office for review. For your application to be comp	Investigation may also gerprinted by the Hum rences will be called. Pefore the event.	o be performed by the Tracy Police an Resources Office. There is a \$25  We recommend that you start eturn the enclosed forms to the school
If you are currently employed by Tracy Unified Scho	ool District, please list	:
Present Job Site:	Position:	

PRIOR EXPERIENC	CE: Please list belo	w any prior experience in	which you have worked as a volunteer.
PERSONAL RE	CFERENCES (F	elatives not included	l):
Name		Address	Telephone
Name		Address	Telephone
understand that false statements information required by this ap harmless any individual or firm records, previous employers and such information, and without I This release includes the source	s on the application shall be plication. My signature be for any information that it m d educational institutions, pe imitation hereby release Traces is cited above and specific ex-	considered sufficient cause for dismis low authorizes release of information by provide in this investigation which no sonal references, professional reference y Unified School District and the refe	ledge and authorize investigation of all statements herein recorded. I ssal. I release from all liability persons and organizations reporting in connection with my application for volunteering. Further, I hold may include such information as criminal or civil convictions, driving ces and other appropriate sources. I waive my right of access to any erence source from any liability in connection with its release or use. agencies and information for any locality to which they may refer for me.
SIGNATURE			DATE
	******	*******	******
School Acknowledg	gement by:		
Principal		Date _	
Comments:			
Fingerprinting App		completed by Human I	Resources.
			ol Notified:
SID:			
TB Exp:			