



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**  
**HUMAN RESOURCES DEPARTMENT**  
 750 Mitchell Road, Newbury Park, California 91320  
 Telephone (805) 498-4557

Student Last Name _____	First Name _____	Grade _____	Room # _____
Student Last Name _____	First Name _____	Grade _____	Room # _____
Student Last Name _____	First Name _____	Grade _____	Room # _____

## VOLUNTEER REGISTRATION AUTHORIZATION

**DIRECTIONS:** Check mark below the volunteer level that best describes your intended volunteer service to CVUSD.  
 \*Be sure to reference the **District Volunteer Requirement Guide** for clearance steps applicable to each level.

<input type="checkbox"/> <b>Level 1</b> Limited student contact <u>under the direct supervision of a certificated staff member</u> AND/OR assignment does not involve student contact but is recurring less than ten (10) hours a month	<input type="checkbox"/> <b>Level 2</b> Limited/short-spanned unsupervised contact with students while driving.	<input type="checkbox"/> <b>Level 3</b> Recurring/weekly student contact <u>under the supervision of a certificated staff member</u> more than ten (10) hours a month	<input type="checkbox"/> <b>Level 4</b> Recurring service with <u>possible unsupervised direct contact</u> with students while under the direction of a certificated staff member
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### GENERAL PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Volunteer Location (School/Department) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Best Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home Email: \_\_\_\_\_

### BACKGROUND QUESTIONNAIRE - PLEASE RESPOND TO ALL QUESTIONS

1. Please check whether you are a new or returning CVUSD volunteer.  New  Returning
2. Are you also a volunteer at another CVUSD school?  YES  NO  
 If yes, please indicate the school(s): \_\_\_\_\_
3. Are you presently employed by CVUSD in any capacity?  YES  NO
4. Do you have any criminal charges pending against you?  YES  NO
5. Have you ever been convicted\* of a felony or misdemeanor?  YES  NO
6. Are you required to register as a sex offender under Penal Code 290.95?  YES  NO
7. Have you ever been convicted\* of a sex, drug or weapon related offense?  YES  NO  
 \*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty. If "YES," please explain: \_\_\_\_\_
8. Parent Volunteers: Please check whether you plan to drive for a field trip during the school year.  YES  NO  
 Please list the name(s) of your child(ren): \_\_\_\_\_

### VOLUNTEER ACKNOWLEDGMENT

Your volunteer registration will be processed in accord with clearance requirements established for each volunteer level. Volunteer assignments may be terminated, if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I understand that any costs associated with obtaining clearance will be at my expense and non-reimbursable, including but not limited to TB, fingerprints and immunizations, if required. *Immunization records are required for Preschool volunteers for influenza (optional), pertussis and measles.*

If requested, I will provide professional and/or personal references for purposes of a reference check. I will hold the District harmless and any individuals providing the district with information that may impact my volunteer clearance. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct", as well as the "Confidentiality of Student Information." I will NOT serve in a volunteer capacity until I am cleared.

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATIVE USE ONLY— VOLUNTEER CLEARANCE

<input type="checkbox"/> Level 1 ▶ <input type="checkbox"/> Volunteer Auth. Form	<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> State ID	<input type="checkbox"/> Megan's Law	<input type="checkbox"/> TB
<input type="checkbox"/> Level 2 ▶ <input type="checkbox"/> Volunteer Auth. Form	<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> State ID	<input type="checkbox"/> Megan's Law	<input type="checkbox"/> TB <input type="checkbox"/> DMV Report
	<input type="checkbox"/> Auto Ins. Policy Declaration		<input type="checkbox"/> Personal Vehicle Use Registration	
<input type="checkbox"/> Level 3 ▶ <input type="checkbox"/> Volunteer Auth. Form	<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> State ID	<input type="checkbox"/> Megan's Law	<input type="checkbox"/> TB <input type="checkbox"/> Fingerprints
<input type="checkbox"/> Level 4 ▶ <input type="checkbox"/> Volunteer Auth. Form	<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> State ID	<input type="checkbox"/> Megan's Law	<input type="checkbox"/> TB <input type="checkbox"/> Fingerprints <input type="checkbox"/> Mandated Reporter

Principal/Designee Signature \_\_\_\_\_ Date Approved: \_\_\_\_\_