

Volunteer Packet

Print with Volunteer Application
(For Office Use Only)

School Fiscal Year _____ - _____

School Site(s): _____

Applicant Name: _____

Volunteer Type:

☐ Parent ☐ Coach ☐ Student Teacher/Future Educator Other: _____

School Site Personnel - The following items are required from all Volunteers:

1. _____ Volunteer Application
2. _____ Photo ID. For identification purposes (valid CA Driver License or CA Identification Card)
3. _____ Checked Aeries for Red Flags (Court or Restraining Orders)
4. _____ Clearance through Raptor; Date Cleared _____

Human Resources Clearances:

5. _____ Valid TB Risk Assessment
6. _____ Fingerprints paid. Receipt Number: _____
7. _____ Social Security Card (Student Teachers/Future Educators Only)

Prints on file ☐ Yes ☐ No Dates: _____

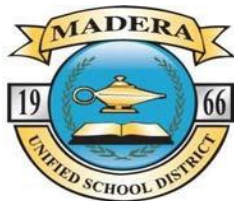
TB on file ☐ Yes ☐ No Dates: _____

Volunteer badge issued ☐ Yes ☐ No Dates: _____

School Site Notification Date: _____

Volunteers must contact our Human Resources Technicians at (559) 675-4500 ext. 276 or 277, with any questions and to schedule your fingerprint appointment. NO walk-ins.

****Volunteer applications/renewals are processed upon appointment only. ****



MADERA UNIFIED SCHOOL DISTRICT

VOLUNTEER APPLICATION

All persons must complete this application form before they are permitted to volunteer in the schools or at school activities of the Madera Unified School District ("District").

BACKGROUND INFORMATION:

Legal Name: _____
First Name Middle Initial Last Name

Home Address: _____
Street Apartment # City/State Zip

Contact Information: _____
Home Phone Work Phone Alternate Phone Email address

Male ☐ Female ☐ Nonbinary ☐ Date of Birth _____ CDL/CID # _____

Are you volunteering to drive students to or from a District-sponsored event or activity? Yes ☐ No ☐

(If yes, contact Risk Management at (559) 675-4500 verification of insurance and clearance from MUSD Transportation may be required.)

VOLUNTEER INFORMATION:

I am interested in volunteering for the following school(s) _____ as a:

Parent ☐ Coach ☐ Student Teacher/Future Educator ☐ Other: _____

Do you have a child/children attending this school? Yes ☐ No ☐

Student Name _____ Teacher _____

Are you currently a secondary school student in the District? Yes ☐ No ☐

Are you currently an employee of the District? Yes ☐ No ☐

Must submit valid TB Risk Assessment? Yes ☐ No ☐

Have you ever been convicted of a criminal felony or misdemeanor? Yes ☐ No ☐

If yes, please give date(s) and explanation: _____

I agree to abide by all state and federal laws and all policies and regulations of the Governing Board of the Madera Unified School District.

Volunteer Signature

Date

Site Administrator

Date