

VOLUNTEER AGREEMENT SANTA CRUZ CITY SCHOOLS

133 Mission Street • Santa Cruz, California 95060
(831) 429-3410



Volunteer Position: _____

Date: _____

Site/Department: _____

Administrator Signature: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

GENERAL INFORMATION

1. Are you now or have you ever been a volunteer or employee of Santa Cruz City Schools?

YES NO Title and Date(s): _____

2. Per Education Code Section 45125.1, a school district may require persons with more than limited contact with students to be fingerprinted and not provide services until the district has received fingerprint clearance back from the Department of Justice showing no prior convictions for certain serious or violent felonies. Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50.00, and/or probation?

YES NO IF yes, explain on an attached sheet:

3. Persons transporting students must also meet district requirements for a clear OMV record, a safe vehicle and insurance coverage. Are you an insured driver with a CA Driver's License?

YES NO

4. Additionally, the district is requiring persons with more than limited contact with students to provide proof of being free from Tuberculosis. Please attach TB results to this Agreement.

Print Name _____

Signature _____

Date _____