

Kid Street Volunteer Application

Information provided on this form is confidential and will be used only for Volunteer Program purposes.

1. Are you a... Current Volunteer New Volunteer JUMP Volunteer
2. I'm interested in being here during School Day(9am-3pm) or After School(3pm-6pm)
3. Area of VOLUNTEER INTEREST or MAJOR IN COLLEGE (Arts/crafts, sports, general help, tutoring/classroom aid, Criminal Justice/Psychology/Sociology, ect): _____

FULL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

DOB: _____ HOME PHONE: _____ CELL PHONE: _____

Would you like to receive information on: Monthly E-Newsletter Fundraising/Events

EMAIL ADDRESS: _____

VOLUNTEER EXPERIENCE: _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1: _____
(Name) (Address) (Phone)

2: _____
(Name) (Address) (Phone)

Do you have any criminal charges pending against you? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a sex or drug related Offence or crime of violence? YES NO

Are you required to register as a sex offender under Penal Code 290.95? YES NO

"I understand that the district may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not required, pursuant to Penal Code 290.95, to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex or drug related offences or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

SIGNATURE: _____ DATE: _____

Parent Signature (if under 18): _____ DATE: _____

Please Attach

1) Photocopy of DRIVERS LICENSE OR PICTURE ID.

2) TB TEST. COMPLETED TEST DATE: _____ (Must be within 3 years),
Copy okay.