School Fiscal Year _____

Volunteer Packet

Print with Volunteer Application

(For Office Use Only)

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 & CA Identification Card)
3. _____ Checked Aeries for Red Flags (Court or Restraining Orders)
4. _____ Clearance through Raptor; Date Cleared_____
5. _____ Volunteer Mandated Training:

https://www.publicschoolworks.com/Portal/Portal.php?di=10652&dia=72nys (click Staff Training)

Human Resources Clearances:

6. _____ Valid TB Risk Assessment
7. _____ Social Security Card (Student Teachers/Future Educators Only)
8. _____ Fingerprints paid. Receipt Number: _____
9. _____ Volunteer Mandated Training Certificate

Prints on file	☐ Yes	☐ No	Dates: _____
TB on file	☐ Yes	☐ No	Dates: _____
Volunteer badge issued	☐ Yes	☐ No	Dates: _____

School Site Notification Date: _____

****Volunteer applications/renewals are processed upon appointment only. ****
Submit your packet to the school site. NO walk-ins.

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School Fiscal Year _____

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 # _____Exp :_____

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 ext 272 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

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