

SCUSD Volunteer Registration Form

Thank you for your time and interest in becoming a Sacramento City School District Volunteer! Volunteers are welcomed in our district and are valuable members of our learning community. Please see the attached form for Volunteer clearance requirements.

Personal Information

Last Name First Name M Date of Birth

Previous Names (maiden name, alias, etc.) Student(s)

Address City ZIP

Home Phone Cell Phone Other

Email Address (May We Email You Volunteer Updates? Yes ____ No ____)

Have you ever had a positive TB skin test? If yes, call the District's Volunteer office at 643-7924 for additional information. If no, please bring your completed negative TB test to the school's front office.

*TB Clearance Attached – Valid Thru: _____ (Issuance Date Plus 4 Years) _____ X-Ray on File

*I Have Fingerprints on File with SCUSD Security Office (Year Completed) _____

*Site you were fingerprinted for _____

I hereby certify that the information contained in this Registration Form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Registration Form may result in my failure to volunteer.

Signature of Volunteer Date

Education Code §3502 prohibits the District from allowing a person required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code § 290.4

For office use only Level III (BC-1) _____ TB Test _____ Mandated Report. _____ Driver Clearance _____