



Volunteer Application Form 2017-18



BEAUMONT UNIFIED SCHOOL DISTRICT
350 BROOKSIDE AVENUE, PO BOX 187 - BEAUMONT, CA 92223
951-845-1631

Date: _____

School Site: _____

Teacher's Name: _____ Room #: _____

Student(s) Name(s): _____

INSTRUCTIONS: Please fill out the front and back of this form completely if you are a new volunteer. If you are returning, current or an employee complete the front side only. **Please print legibly in black or blue ink.** Check mark the appropriate box on volunteer status. Sign the form at the bottom and on the back, if applicable. This application and any attachments become the property of the Beaumont Unified School District.

NEW VOLUNTEER
 RETURNING VOLUNTEER-WITHIN THE LAST TWO YEARS
 CURRENT BUSD EMPLOYEE
 CURRENT VOLUNTEER AT ANOTHER SITE

Name: _____ Phone #: _____

Last
First
Middle

Address: _____

Number & Street
City
Zip Code

Email : _____

List activities in which you would like to assist in: _____

List proposed frequency of volunteering:
 Seasonal Help Only
 One time special event only
 Field Trips
 1 or more times a week

NOTE: All volunteers will be required to sign a loyalty oath, produce evidence that they are free of active tuberculosis and pass a DOJ background clearance.

Please describe any physical condition or disability which may limit your ability to perform any of the duties of the volunteer service for which you are applying for and what reasonable accommodations need to be made:

Have you ever been convicted of a felony or misdemeanor ? Yes _____ No _____.

If you answered yes to the preceding question, please state and explain, in detail, each conviction on a separate sheet of paper and attach to this form. (A conviction will not constitute an automatic bar from selection as a volunteer).

I HEREBY CERTIFY that all statements made hereon are true and correct and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Volunteers shall not be used to displace regularly authorized school personnel (Education Code 35021). Projects assigned to volunteers are those which supplement and enrich the regular school program and which would not be offered without volunteer assistance. Volunteers shall work under the immediate supervision of a regular District employee.

Teacher/Supervisor: _____	Date: _____ Approved: ___ Yes ___ No
Principal/Administrator: _____	Date: _____ Approved: ___ Yes ___ No
Director, Human Resources: _____	Date: _____ Approved: ___ Yes ___ No

THIS SECTION FOR TRACKING PURPOSES ONLY

TB voucher given/sent: _____	F/P Appt: _____	Entered into database: _____
TB results received: _____	F/P: _____	Copy sent to site: _____
TB results expire: _____	ML Search: _____	

OATH OF ALLEGIANCE

For Public Employees & Civil Defense Workers (Article XX, Const. Of California)

State of California } ss.
County of Riverside }

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature: _____ Signed on this date of: _____

School District: BEAUMONT UNIFIED SCHOOL DISTRICT

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission for Public School or Joint Powers Agencies

ORI : A5039
Code assigned by DOJ

The following selections are for Public Schools only:
Type of Application: [X] Volunteer [] Classified School Emp [] Credentialed School Emp

Agency Address Set Contributing Agency:

BEAUMONT UNIFIED SCHOOL DISTRICT
Agency authorized to receive criminal history information
350 BROOKSIDE AVE
Street # or PO Box
BEAUMONT CA 92223
City State Zip Code
Mail Code (5 digit code assigned by DOJ) 03553
Carol Araujo
Contact Name
951-845-1631
Contact Telephone No:
Bill to: BEAUMONT UNIFIED SCHOOL DISTRICT Level of Service: [X] DOJ [] FBI

TO BE FILLED OUT BY APPLICANT

SEX: [] Male [] Female
DOB: _____ CDL #: _____
Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____

Name: _____ AKA'S: _____
Last First Middle Last First Middle
Address: _____
Street & Number City Zip Code
Place of Birth (city): _____ Social Security #: _____

TO BE COMPLETED BY LIVE SCAN OPERATOR ONLY

Live Scan Transaction Completed by: _____
Name of Operator (PLEASE PRINT)

Live Scan Operator Signature: _____

Transmitting Agency: BEAUMONT UNIFIED SCHOOL DISTRICT

ATI #: _____ Date: _____