

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
VOLUNTEER ASSISTANCE PROGRAM
VOLUNTEER APPLICATION**

**(INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND
ONLY FOR USE FOR THE MBUSD VOLUNTEER ASSISTANCE PROGRAM.)**

DATE _____ PROPOSED LOCATION OF VOLUNTEER SERVICE _____

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

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

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

DRIVER'S LICENSE (Photocopy Driver's License and Attach) OR
PHYSICAL DESCRIPTION: (Height, Weight, Hair Color, Eye Color, Outstanding Features) _____

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? YES NO

WHERE DO THEY ATTEND? _____

VOLUNTEER EXPERIENCE: _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

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/district 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 offenses or for crimes of violence, and there are no criminal charges pending against me.

Signature: _____ **Date:** _____

The volunteer application form is to be on file at the school and a copy sent to Human Resources.