

Mark Twain Union Elementary School District

Copperopolis Elementary School
Ph (209)785-2236 / Fax (209)785-4309

Mark Twain Elementary School
Ph (209)736-6533 / Fax (209)736-6537

School Volunteer Application

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

Today's date: _____ School Site: Copperopolis Mark Twain

Legal Name: _____

Mailing Address: _____
Last First Middle

Physical Address: _____
PO/Street City State Zip

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
Street City State Zip

Driver's License/CA ID #: _____ Expiration Date: _____
(Make a copy)

Do you have children or grandchildren in our schools? YES NO

Volunteer Experience: _____

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

Have you ever been convicted of any sex offense? YES NO

Have been convicted of any other felony in the last five years? YES NO

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

Have you ever been convicted of a crime against a minor? YES NO

If you answered yes to any question please explain on reverse side.

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 criminal history check run by law enforcement if I serve as a volunteer. As a guest and volunteer of the school district, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex or drug related offenses or crimes of violence and that there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations.

Signature: _____ Date: _____

To be completed by district: TB Risk Assessment/TB completed: _____ Expires: _____

DOJ Approval Date: _____ Yes No