

**Corona – Norco Unified School District
Volunteer Application**



Volunteering at the following School Site(s): _____

Print Legal Name: _____ Mobile Phone: () _____

Email Address: _____ (circle one) [@gmail.com](#) [@hotmail.com](#) [@yahoo.com](#) other: _____

Gender: M ___ F ___ Birth Date: _____ Street Address: _____

City: _____ State: ___ Zip Code: _____

Have you been fingerprinted with CNUSD?

___ Yes ___ No If Yes when? ___/___/___

DISCLOSURE:

All Applicants must answer the following question. Failure to answer honestly WILL disqualify the applicant from serving as a volunteer.

Have you ever been convicted of a Misdemeanor(s), Felony(s), and/or have any current or pending criminal offenses?

Yes _____ No _____

If yes, list all offenses and convictions for sex and/or drug offenses listed in California Education Code sections 44010 and 44011. Include any serious or violent felony conviction(s) in any state or jurisdiction as enumerated in California Penal Code sections 667.6 (c) and 1192.7 (c). Provide date(s), year, and city, county, and state. Include dismissals, expungement penal Code section 1203.4 or sealed convictions. (Attach a separate sheet of paper if needed)

I understand that applying to serve as a volunteer, I will be required to comply with Board Policy/AR 6801, and Penal Code 290.46, and 290.95. I will comply with all Riverside County Department of Health requirements. I will comply with a Criminal Background check Ed Code 35021 and 35021.1 upon request. I hereby release Corona-Norco Unified School District from any liability for damage(s), which may result from information reported by the Department of Justice and/or Federal Bureau of Investigation. Failure to disclosure facts may result in prosecution, possibly fine, and imprisonment.

I certify that, under penalty of perjury, all the information I have provided is true and correct.

Signature: _____ Date: _____

SCHOOL USE ONLY: <https://www.meganslaw.ca.gov/>

- ___ Megan's Law ___ Fingerprint/Background required
- ___ Verified valid State or Government issued photo identification
- ___ Negative TB test/Chest X-ray (Negative TB test must be current, dated (read on) within 60 days of this application.)

Principal or Designee/Signature: _____ Date: _____

DATE SUBMITTED TO DISTRICT OFFICE: _____

If Previously Cleared

Check One:

Under 4 Hours: _____

Date Cleared: _____

Over 4 Hours: _____

Date Cleared: _____

District Office Use Only:

Fingerprint clearance: ___ Yes ___ No

District Official print/signature: _____ Date: _____