Corona – Norco Unified School District (CNUSD)
Volunteer Application 2026-2027

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? __/__/___

Student(s) Name(s):_____

_____

DISCLOSURE:

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

Have you ever been arrested or convicted of a Misdemeanor(s), Felony(s), and/or have any current or pending criminal offenses? Include arrests, citations, dismissals, expungement penal Code section 1203.4 or sealed convictions.

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. (Attach a separate sheet of paper if needed)

List:

I understand that by applying to serve as a volunteer, I will be required to comply with Board Policy, AR 1230, 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.

The California Child Abuse and Neglect Reporting Act (CARNA), and Penal Code 11165.7 require that all school volunteers complete an on-line Mandated Reporter Training annually. I hereby agree to completing the Mandated Reporter training annually and providing proof of completion to CNUSD. https://mandatedreportertraining.com/california/

I hereby release CNUSD 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 disclose facts may result in prosecution, possible fines, and /or 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 within 60 days of application)
____ Mandated Reporter Training Completed (Attach Certificate)

Principal or Designee/Signature: _____ Date: _____

DATE SUBMITTED TO DISTRICT OFFICE: _____

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: _____
Revised 4-1-2026 GK