

SWEETWATER UNION HIGH SCHOOL DISTRICT

VOLUNTEER APPLICATION

Thank you for your interest in serving as a volunteer! The District recognizes and acknowledges the value volunteers contribute. By completing this document we are fulfilling our responsibility of ensuring the health and safety of the students you serve.



Name: _____ Soc. Sec No: _____ DOB: _____

Email: _____ Address: _____ City and Zip: _____

Cell: _____ Home Phone: _____ Emergency Contact: _____ Phone Number: _____

Site/Department where you will be volunteering: _____

Areas of interest for volunteering _____

Did you serve as a cleared (complete information below) in 2018-2019 School Year ____ YES ____ NO

Do we have a current verification of TB (tuberculosis) on file? ____ Yes ____ No

Did you go through the LIVESCAN (fingerprinting) process last year? ____ Yes ____ No

If yes, where: _____ when (date(s)): _____

Do you have a son/daughter or relative attending a school in this district? ____ Yes ____ No

If so, which school: _____

Do you have a record of a Felony Conviction: ____ Yes ____ No

Do you have any physical/mental limitations which might impede your service as a volunteer: ____ Yes ____ No

The Sweetwater Union High School District uses a "Tiered" system in processing ALL Volunteers. Please work with district staff to determine where and how you will volunteer. A school official/staff member MUST mark which "TIER" in which your volunteer work falls.

TO BE MARKED BY DISTRICT STAFF:

TIER 1 _____ TIER 2 _____ TIER 3 _____

District Staff Name: _____ District Staff Signature _____

____ Approved as a Tier 1 volunteer (Periodic volunteer OR does not work directly with students). Requires application and Principal's approval before service begins.

____ Approved as a Tier 2 or Tier 3 volunteer (Volunteers at least once a week for more than a one-month period, and may work directly with students.) Requires fingerprinting, TB clearance and mandated reporter training before service begins.

____ Not approved

Principal/Director Signature: _____ Date _____

Principal/Director Print Name: _____

OFFICE USE ONLY FOR TIER 2 and TIER 3 VOLUNTEERS:

Fingerprints cleared: DOJ: _____ FBI: _____ TB cleared: _____ (or) X-Rays Cleared: _____
Date Date Date Date