

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

Print Legal Name: _____ Mobile Phone: () _____

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

Gender: M ___ F ___ Birth Date: _____ AKA/Nickname: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Volunteering Services

School Site: _____ Have you been fingerprinted with CNUSD? ___ Yes ___ No

___ Classroom Helper/Room Parent ___ Library Helper/Reading to Children ___ PTA Other: _____

Chaperone school events and assistance: Sport: _____ Booster: _____ Field Trip _____

Name of Student(s):

Student Name: _____ Student Name: _____ Student Name: _____

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

School Official Print/Signature: _____ Date: _____

District Office Use Only:

Fingerprint clearance: ___ Yes ___ No

District Official print/signature: _____ Date: _____

(REV 12/2021)