

**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 CNUUSD? \_\_\_ 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:  
\_\_\_ Volunteer COVID-19 Addendum \_\_\_ 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)