



# SCHOOL VOLUNTEER APPLICATION

RIALTO UNIFIED SCHOOL DISTRICT

182 East Walnut Avenue  
Rialto, CA 92376-3598  
(909) 820-7700 ext. 2400

New  Renewal

School Year \_\_\_\_\_

LEVEL 1

LEVEL 2

Volunteer's Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) Date of birth \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (City) (Zip Code) Home phone number \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_  
Cell phone number \_\_\_\_\_

Are you a Rialto U.S.D. Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Individuals who are recommended and approved to provide Level 1 volunteer assistance in the Rialto Unified School District are subject to the provisions of Education Code 35021 and Health and Safety Code 1596.871, which restrict individuals convicted of specified sex offenses, controlled substance offenses, and serious/violent crimes from serving as Level 1 volunteers. As such, the Rialto Unified School District adopted Board Policy 1240, which requires individuals applying for Level 1 volunteer status to complete a background check with the appropriate agencies.

Level 1 volunteer work is subject to and contingent upon the completion of a criminal background check by the California Department of Justice and the Federal Bureau of Investigation. Convictions of certain crimes, including, but not limited to sex and narcotics offenses and serious and violent felonies as specified in the California Education, Penal, and Health and Safety Codes, will bar Level 1 volunteers from volunteering with the District.

The submission of fingerprint information to the Department of Justice requires valid photo identification to ensure the identity of the applicant is valid. Acceptable forms of identification are:

Primary Forms of Photo Identification

- A valid California Driver's License
- A valid out of state Driver's License
- A valid California identification card
- A valid out of state identification card

**\*\*\*If you do not possess either of the Identifications mentioned above, please refer to the back of this form for secondary forms of Identification that may be accepted.**

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application as a volunteer. This investigation may include such information as criminal or civil convictions, driving records, previous employers, personal references, professional references, and other appropriate sources. I waive my right to access any such information and without limitation hereby release the school district, and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application.

\_\_\_\_\_  
Volunteer's Signature Date

School Site(s) where you wish to volunteer:

*Student's Name or Type of Service*

*School's Name:*

*Principal's Approval:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**THE VOLUNTEER MUST MAKE ARRANGEMENTS TO HAVE A TUBERCULOSIS TEST AND HIS/HER FINGERPRINTS PROCESSED FOR A BACKGROUND CHECK PRIOR TO STARTING VOLUNTEER WORK.**

**(NOTE: ALL VOLUNTEERS NEED TO RENEW THEIR APPLICATION EVERY SCHOOL YEAR.)**

\* \* \* \* \*

OFFICE USE ONLY

TB Date: \_\_\_\_\_ TB Expire: \_\_\_\_\_ Fingerprints SID #: \_\_\_\_\_ Date Cleared: \_\_\_\_\_ Initials: \_\_\_\_\_

In the absence of a "**Primary Form**" of identification, a "**Secondary Form**" of identification may be accepted but only **with two of the supplemental documents** listed below.

## Secondary Forms of Identification

- State government issued Certificate of Birth
- U.S. Active Duty/Retiree/Reservist Military Identification Card (000 10-2)
- U.S. Passport
- Federal government Personal Identify Verification Card (PIV)
- Department of Defense Common Access Card
- U.S. Tribal or Bureau of Indian Affairs Identification Card
- Social Security Card
- Court Order for Name Change/Gender Change/Adoption/Divorce
- Marriage Certificate (Government issued certificate)
- U.S. Government issued Consular Report of Birth Abroad
- Foreign Passport with appropriate immigration document(s)
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-688 Temporary Resident Identification Card
- INS I-688B, I-765 Employment Authorization Card

## Supplemental Documents

- Utility bill (address)
- Jurisdictional voter registration card
- Vehicle registration card/title
- Paycheck stub with name/address
- Spouse/parent affidavit
- Cancelled check or bank statement
- Mortgage documents

**In the event supplemental documents does not support the validation of the original identification documents, the form of identification will not be accepted as valid and the applicant will not be fingerprinted.**

### LEVEL 2 VOLUNTEERS ONLY ACCEPTABLE FORMS OF IDENTIFICATION

- Valid State Driver's License
- Valid State Identification
- Valid Foreign Consulate Card
- Valid Passport

**RIALTO UNIFIED SCHOOL DISTRICT  
HOLD HARMLESS AND WAIVER OF LIABILITY  
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT  
ADULT VOLUNTEER ACTIVITY**

The undersigned individual hereby requests to participate as a volunteer in the following activity:

Description of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

By my signature below, I request to be designated as an official volunteer to the Rialto Unified School District and acknowledge the conditions of my participation in this activity as outlined below:

As a condition of my participation as a District volunteer in this activity, I understand that I will be covered by the District's workers' compensation program in case of illness or injury and that I will receive treatment and be entitled to statutory benefits in accordance with the District's procedures and State statutes pertaining to such coverage. I acknowledge that the workers' compensation program will be my sole recourse for any injuries sustained in the course and scope of my service to the District.

Aside from the coverage provided by the workers' compensation program, I agree to waive all claims against the District and to indemnify and hold the District, its trustees, officers, agents, employees and volunteers, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or any other person or entity may have against the District because of death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. However, this waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees, or agents.

By my signature below, I certify that I have no special health needs or medication needs of which the activity supervisor should be aware and that I have consulted with my physician and verify that I am medically fit to participate in this activity. In the event of medical emergency, I do hereby consent for the District to summon medical transportation and I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Medical Insurance Carrier (e.g., Blue Shield)

\_\_\_\_\_  
Policy Number

In the event of medical emergency, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone