



# Volunteer/Chaperone Application

|                            |
|----------------------------|
| Appointment Date and Time: |
| _____                      |

Thank you for your interest in being a volunteer/chaperone! In order to become a volunteer/chaperone please follow the steps outlined below.

1. Complete this application making sure that it is signed by **yourself and the Principal/Administrator**.
2. Obtain proof of negative Tuberculosis (TB) test from your doctor. (must be less than 4 years old)
3. **Make an appointment** for Live Scan services by calling 916-566-1600 ext. 32105 (A social security number is required).
4. Take this **completed application, proof of TB clearance and a current CA ID or License** to your Live Scan appointment at:

**Twin Rivers Unified School District, 5115 Dudley Blvd., McClellan, CA 95652  
(Parking is available by the water tower)**

After you clear the background check (may take up to 30 days), your district identification badge will be sent to the school site. (If you wish to be a volunteer driver, please submit a Volunteer Driver Form to the Transportation Department. The Volunteer Driver Form can be found at: <http://www.twinriversusd.org>.)

**CHECK IN WITH THE RECEPTIONIST 10 MINUTES PRIOR TO YOUR SCHEDULED APPOINTMENT.  
PLEASE BE AWARE THAT A LATE ARRIVAL MAY RESULT IN RE-SCHEDULING OF YOUR APPOINTMENT.**

**Personal Information:**

|  |                               |            |                  |                |                                 |                                |
|--|-------------------------------|------------|------------------|----------------|---------------------------------|--------------------------------|
| Last Name  |                               | First Name |                  | Middle Initial | Birthdate                       |                                |
| Address  |                               |            | City             | State          | Zip                             |                                |
| Telephone Number   | Other Phone (please identify) |            | Email Address    |                |                                 |                                |
| In case of emergency notify  |                               |            | Telephone Number |                |                                 |                                |
| School site where I will be volunteering/chaperoning   |                               |            | Student name(s)  |                |                                 |                                |
| <input type="checkbox"/> Current Driver's License or DMV issued identification card attached   |                               |            |                  |                |                                 |                                |
| <input type="checkbox"/> Tuberculosis clearance attached - valid through: _____ (issuance date plus 4 years)   |                               |            |                  |                |                                 |                                |
| Have you ever pled guilty or "no contest" to, or been convicted of a criminal offense other than a minor traffic violation?  |                               |            |                  |                | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| Have you ever been arrested for a drug or sexual offense or act of violence?   |                               |            |                  |                | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| Do you have any criminal charges pending against you?  |                               |            |                  |                | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| <b>If you answered Yes, please fully list and explain all convictions including, but not limited to those for "driving under the influence" and for sex and/or drug offenses as listed in California Education Code Sections 44010 and 44011 on the back side of this application.</b>   |                               |            |                  |                |                                 |                                |
| I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of these statements verified by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to volunteer at Twin Rivers Unified School District. |                               |            |                  |                |                                 |                                |

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Administrator (Required prior to finger printing)

\_\_\_\_\_  
Printed Name of Principal/Administrator

\_\_\_\_\_  
Date

Education Code §3502 prohibits the District from allowing persons required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, before authorizing a person to serve as a volunteer, the District will conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code §290.4.

\*\*\* FOR DISTRICT OFFICE USE ONLY \*\*\*

Date Fingerprinted/Initials: \_\_\_\_\_

Date Badge Received/Initials: \_\_\_\_\_

Comments: \_\_\_\_\_