

**CNUSD Volunteer Application**  
**Corona-Norco Unified School District**  
 (Revised on 9/10/2010)

Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)  
 Gender: M \_\_\_\_\_ F \_\_\_\_\_ Birth Date: \_\_\_\_\_ AKA/Nickname \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Area Code)  
 E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Area Code)  
 Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Previous address if you have lived at current address less than 5 years**

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I'M INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Reading to/with children | <input type="checkbox"/> Classroom Helper                                | <input type="checkbox"/> Library Helper |
| <input type="checkbox"/> Room Parent              | <input type="checkbox"/> Special event assistance for individual schools |   |
| <input type="checkbox"/> PTA                      | <input type="checkbox"/> Other _____                                     |   |

School/Site \_\_\_\_\_  
 Have you been previously fingerprinted for the Corona-Norco Unified School District? Yes \_\_\_\_\_ No \_\_\_\_\_

**DISCLOSURE:** All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer.  
 Have you ever been convicted of a crime? YES  NO   
 If yes, describe each conviction in full, even if it was later dismissed, expunged or sealed. Also indicate date(s) of crime (s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

I understand that in applying to serve as a school volunteer, I will be required to comply with Board Policy and Administrative Regulation 6801. This includes district staff verifying that my name is not listed on the State of California Megan's Law database. I understand that under certain circumstances I will be required to obtain fingerprint clearance, at my expense, and that I will be required to comply with all Riverside County Department of Health requirements. Once approved, this application can be revoked by the district.

I certify that, under penalty of perjury, all of the information I have provided is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**School Use Only:**

4 hours or more  yes  no      Confirm Identity/ Photo ID  yes  no  
 Megan's Law clearance  yes  no  
 Forwarded for fingerprinting  yes  no      Budget Code# \_\_\_\_\_

School Official \_\_\_\_\_ Date \_\_\_\_\_

**District Office Use Only:**

Fingerprinting clearance  yes  no

District Official \_\_\_\_\_ Date \_\_\_\_\_