



**HUENEME ELEMENTARY SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**
205 N Ventura Road, Port Hueneme, California 93041
(805) 488-3588 • www.hueneme.org

Student Last Name	First Name	Grade	Room #
Student Last Name	First Name	Grade	Room #
Student Last Name	First Name	Grade	Room #

VOLUNTEER REGISTRATION AUTHORIZATION

DIRECTIONS: Please mark the volunteer level that best describes your intended volunteer service to HESD.

- ☐ Level 1: Under direct supervision of a certificated staff member (classroom volunteer / other activities during school) for less than 8 hours/month
Requires Volunteer Registration, Code of Conduct/Confidentiality of Student Information, Government ID and Megan's Law Check
- ☐ Level 2: Limited /short-spanned unsupervised contact with students while driving (field trip driver)
Requires Volunteer Registration, Code of Conduct/Confidentiality of Student Information, Government ID, TB Clearance, Personal Vehicle Use Registration with required documents and Megan's Law Check
- ☐ Level 3: Under direct supervision of a certificated staff member (classroom volunteer / other activities during school) for more than 8 hours/month
OR overnight field trips with possible unsupervised direct contact with students while under the direction of a certificated staff member
Requires Volunteer Registration, Code of Conduct/Confidentiality of Student Information, Government ID, TB Clearance, Fingerprint Clearance (overnight field trip only), and Megan's Law Check

Intermittent student contact for classroom presentations, assemblies, and support for special events does not require clearance.

Name: _____ Volunteer Location: _____

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

Best Contact Phone #: () - - Email: _____

BACKGROUND QUESTIONNAIRE - PLEASE RESPOND TO ALL QUESTIONS

- | | | |
|---|------------------------------|------------------------------------|
| 1. Please check whether you are a new or returning HESD volunteer. | <input type="checkbox"/> New | <input type="checkbox"/> Returning |
| 2. Are you also a volunteer at another HESD school? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, please indicate the school(s): _____ | | |
| 3. Are you presently employed by HESD in any capacity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you have any criminal charges pending against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you ever been convicted* of a felony or misdemeanor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you required to register as a sex offender under Penal Code 290.95? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Have you ever been convicted* of a sex, drug or weapon related offense? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty. If "YES," please explain: _____ | | |
| 8. Parent Volunteers: Please check whether you plan to drive for a field trip during the school year. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Please list the name(s) of your child(ren): _____ | | |

VOLUNTEER ACKNOWLEDGMENT

Your volunteer registration will be processed in accord with clearance requirements established for each volunteer level. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I understand that any costs associated with obtaining clearance will be at my expense and non-reimbursable, including but not limited to TB, fingerprints and immunizations, if required. *Immunization records are required for Preschool volunteers for influenza (optional), pertussis and measles.*

If requested, I will provide professional and/or personal references for purposes of a reference check. I will hold the District harmless and any individuals providing the district with information that may impact my volunteer clearance. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct", as well as the "Confidentiality of Student Information." I will NOT serve in a volunteer capacity until I am cleared.

Volunteer Signature _____ Date: _____

ADMINISTRATIVE USE ONLY— VOLUNTEER CLEARANCE

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Level 1 ► <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Government ID | <input type="checkbox"/> Megan's Law |
| <input type="checkbox"/> Level 2 ► <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Government ID | <input type="checkbox"/> Megan's Law <input type="checkbox"/> TB <input type="checkbox"/> DMV Report |
| | <input type="checkbox"/> Auto Ins. Policy Declaration | | <input type="checkbox"/> Personal Vehicle Use Registration |
| <input type="checkbox"/> Level 3 ► <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Government ID | <input type="checkbox"/> Megan's Law <input type="checkbox"/> TB <input type="checkbox"/> Fingerprints (overnight field trips only) |

Principal/Designee Signature _____ Date Approved: _____