

Thank you for your interest in volunteering in the Lakeport Unified School District. The District encourages and appreciates the participation of all volunteers as they are an important part of the learning environment.

To help maintain a safe school setting, volunteers are required to undergo a background check and submit results from a TB test that was performed within the last four years. There is no cost for the background check and you will be reimbursed up to \$18.00 for your TB Test. The District Office will process your application and the form requesting a background check.

Please submit the following documents to the site where you will be volunteering:

- Completed application
- Records check form
- Driver's license
- TB test results

The Lake County Department of Public Health Services and Mendo Lake Health Care clinics are available to conduct TB tests for individuals that require a new test or who are being tested for the first time. You may also submit results from a test performed by your personnel physician.

The information submitted by you to become eligible to volunteer is considered confidential and will not be used for any other purpose. Once you submit the required documents to the District and the Lake County Sheriff's Department completes the background check, you will be cleared to volunteer. A representative from the District will notify you once the background check is completed.

If you have questions about the process of becoming an eligible volunteer, do not hesitate to contact Tami Carley at the District Office. She can be reached at 262-3000 or [tcarley@lakeport.k12.ca.us](mailto:tcarley@lakeport.k12.ca.us). Again, your interest in volunteering in our school district is greatly appreciated.



# Volunteer Application

Please complete this application and return to the site where you are interested in volunteering or the District Office



**LAKEPORT**  
UNIFIED SCHOOL DISTRICT  
*Building successful futures*

At what site(s) are you interested in volunteering? \_\_\_\_\_

What volunteer activities are you planning to become involved with? \_\_\_\_\_

## Contact Information

Name	
Street Address	
City & Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Copy of your driver's license is attached:  Yes  No

Copy of TB Test results attached:  Yes  No  
(TB Tests must be less than 4 years old)

Have you ever been convicted of any crimes other than traffic violations?

Yes  No

Offense \_\_\_\_\_ Date \_\_\_\_\_

## Person to Notify in case of an Emergency

Name	
Street Address	
City & Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

## Our Policy

We are an equal opportunity employer and educator who fully and actively supports equal access for all people regardless of race, color, religion, gender, sexual orientation, gender identification, age, national origin, marital status or disability.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

Please include the following information (optional)

## Interests

Tell us in which areas you are interested in volunteering

Classroom Assistance

Special Events

Fundraising

Tutoring i.e. (*Schools of Hope*)

Sporting Events or Coaching

Classroom Presentations

School Clubs \_\_\_\_\_

Other \_\_\_\_\_

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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**Thank you for completing this application and for your interest in volunteering  
at Lakeport Unified School District!**

School Site/District Office

Principal/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of TB Test \_\_\_\_\_ Date of Records Check \_\_\_\_\_

**Lake County Sheriff's Department  
Records Check of Prospective District  
Volunteer Classroom Aide**

*Education Code Section 35021.1 states in part, "A school district or county office of education may request that a local law enforcement agency conduct an automated check of a non-teaching volunteer aide to ascertain if the prospective aide has been convicted of any sex offence as defined in Section 44010." The Lake County Sherriff's Department has agreed to provide such records.*

(This section to be completed by prospective volunteer)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

**I hereby authorize the Lake County Sheriff's Department, acting on the behalf of Lakeport Unified School District, to conduct an automated records check to determine my acceptability to volunteer.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As the school district representative, I realize that the records received pursuant to the request are to be used for volunteer placement purposes only for the benefit of the district. Such records are not to be copied or used for any other purpose than intended.

\_\_\_\_\_ Date \_\_\_\_\_ School District Representative

Record Status: \_\_\_\_\_ CII# \_\_\_\_\_

Record Provided? Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_ Date

\_\_\_\_\_  
Sheriff's Department Representative