

Folsom Cordova Unified School District
 1965 Birkmont Drive
 Rancho Cordova, CA 95672
 (916) 294-9000



Category 2 Volunteer Application
 (Non-salaried Employee)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

BIRTH DATE: ____ / ____ / ____ Email address: _____

SCHOOL SITE: _____ Student's Name: _____

VOLUNTEER ASSIGNMENT: _____

Training: I have read the Volunteer Orientation Handbook and know the expectations of me as a volunteer regarding **appropriate:**

Behavior	Blood Borne Pathogens	Conflict Resolution
Dress	Child Protection	Specific instructions for the site
Language	Child Development	Staff Relationship
Student Interactions	Confidentiality	

Site Orientation Date: _____

Photo ID Date: _____

Emergency Card Date: _____

Date Fingerprints Clear _____

Negative TB Test Expires: _____

Have you been printed in FCUSD before? Y N

Are there any limitations or restrictions we should know about? : _____

Have you ever been convicted of a crime other than a traffic infraction, such as a misdemeanor (a DUI is not considered a traffic infraction)? NO YES

(If "yes", please explain when, where, and the disposition.) _____

I consent to the use of the above data in the District's Volunteer Database.

 VOLUNTEER'S SIGNATURE

 Date:

This volunteer meets the criteria for a Category 2 volunteer because he/she: (circle one)

• Will be working unsupervised with student(s);	• Will be going on an overnight field trip
• Will be accompanying students on day field trip, but out of supervision of teacher.	• Volunteer regularly (ongoing)

The above volunteer has provided all the required information and may now be fingerprinted.

 PRINCIPAL'S SIGNATURE

 Date

This form must be completed and given to the Principal or Designee prior to volunteering. The fully completed original will be delivered to District Office; a copy of this form, along with a copy of a current TB test, will be retained at the site.