



FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

1965 Birkmont Drive
Rancho Cordova, CA. 95672
(916) 294-9000

New Applicant []
Badge Only []

CATEGORY 2 VOLUNTEER APPLICATION

(Non-salaried position)

NAME: _____ PHONE : _____
ADDRESS : _____ CITY : _____
BIRTHDATE : ____/____/____ EMAIL ADDRESS : _____
SCHOOL SITE : _____ STUDENT NAME : _____

LIVESCAN INFORMATION:

The Fingerprinting fee is \$25, and if you have lived outside of California in the last 5 years it will be an additional \$17 for the FBI clearance. Payment is due at the time of printing at the ESC.

Have you been printed in FCUSD before? [] YES [] NO Fingerprint Clearance Date : _____

If "YES", were you printed as an employee or volunteer? _____

Have you ever been convicted of a crime other than a traffic infraction?

(Mark YES for a DUI, a misdemeanor, or a felony) [] YES [] NO

If "YES" please explain when, where, and the disposition : _____

Negative TB test Expires : _____ XRAY []

If you have an XRAY you must complete a questionnaire with Health Services for final TB clearance.

Site Orientation Date : _____ Emergency Card Date: _____ Photo ID Date: _____

* I have read the Volunteer Orientation Handbook and know the expectations of me as a volunteer regarding appropriate behavior, dress, language, student interactions, blood borne pathogens, child protection, child development, confidentiality, conflict resolution, site specific instructions, and staff relationships.

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

VOLUNTEER SIGNATURE : _____ DATE : _____

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 for approval. The fully completed application, along with a current TB clearance, must be brought by the potential volunteer to the Educational Services Center to be fingerprinted and take a photograph for your volunteer badge.