



Folsom Cordova Unified School District
125 East Bidwell Street
Folsom, CA 95630
(916) 355-1100

Category 2 Volunteer Application (Non-salaried Employee)

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY/ZIP: _____

BIRTH DATE: ____ / ____ / ____ SOCIAL SECURITY NO. _____

SCHOOL SITE: _____

VOLUNTEER ASSIGNMENT: _____

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

Appropriate:

- Behavior
- Dress
- Language
- Student Interactions

Conflict Resolution

- Specific instructions for the site
- Blood Borne Pathogens
- Child Protection
- Child Development

Confidentiality

- Staff Relationships

Site Orientation Date: _____

Emergency Card Date: _____

Negative TB Test Expires: _____

Photo ID Date: _____

Date Fingerprints Clear _____

Have you been printed in FCUSD before? Y N

Any medications currently prescribed to me: _____

Health problems related to assignment: _____

Have you ever been convicted of a crime other than a minor traffic violation? (Drunk or reckless driving is not a minor offense) 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)

- a. Will be working unsupervised with student(s);
- b. Will be going on an overnight field trip;
- c. Will be accompanying students on day field trip, but out of supervision of teacher.

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.

