

CNUSD Volunteer Application
Corona-Norco Unified School District
(Revised on 9/10/2010)

Legal Name: _____
(First) (Middle) (Last)
Gender: M _____ F _____ Birth Date: _____ AKA/Nickname _____
Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip _____ Home Phone _____
E-mail address _____ Cell Phone _____
(Area Code) (Area Code)
Student's Name _____ Grade _____

Previous address if you have lived at current address less than 5 years

Street Address _____
City _____ State _____ Zip Code _____

I'M INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS

- | | | |
|---|--|---|
| <input type="checkbox"/> Reading to/with children | <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Library Helper |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Special event assistance for individual schools | |
| <input type="checkbox"/> PTA | <input type="checkbox"/> Other _____ | |

School/Site _____

Have you been previously fingerprinted for the Corona-Norco Unified School District? Yes _____ No _____

DISCLOSURE: All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer.

Have you ever been convicted of a crime? YES NO

If yes, describe each conviction in full, even if it was later dismissed, expunged or sealed. Also indicate date(s) of crime (s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

I understand that in applying to serve as a school volunteer, I will be required to comply with Board Policy and Administrative Regulation 6801. This includes district staff verifying that my name is not listed on the State of California Megan's Law database. I understand that under certain circumstances I will be required to obtain fingerprint clearance, at my expense, and that I will be required to comply with all Riverside County Department of Health requirements. Once approved, this application can be revoked by the district.

I certify that, under penalty of perjury, all of the information I have provided is true and correct.

Signature _____ Date _____

School Use Only:

4 hours or more yes no Confirm Identity/ Photo ID yes no
Megan's Law clearance yes no
Forwarded for fingerprinting yes no Budget Code# _____

School Official _____ Raptor Sign-In: _____ Date _____

District Office Use Only:

Fingerprinting clearance yes no

District Official _____ Date _____

Corona Norco Unified School District
Volunteer COVID-19 Addendum

General Safety and Mitigation Measures

1. Masks are always required while indoors.
2. All volunteers must check-in, have their temperature check, and a symptom screening.
 - o Do not come on-campus if you are experiencing COVID-19 symptoms or if someone in your household has tested positive for COVID-19 in the past 10 days.
3. Avoid close contact with others (closer than 6 feet for a cumulative of 15 min or more in a 24-hour period)

COVID-19 Vaccination Status and Testing

All school employees, volunteer's, chaperones, and those working directly with students are required to verify vaccination status or undergo weekly testing to keep our students safe. Corona-Norco Unified School District require that all volunteers to self-attest to one of the following: **(Please check one)**

- I am fully vaccinated (14 days from last dose)
- I am unvaccinated and will test 72 hours prior to volunteering services.

*If you have tested positive for COVID-19 in the past 90 days, you are exempt from testing. Testing is required after 90 days if you remain unvaccinated. Proof of vaccination or negative test may be requested at any time for contact tracing purposes.

Completed forms will need to be returned to the school site office prior to volunteering their services.

By signing below, I fully acknowledge that I have read and understand the Volunteer COVID -19 Addendum.

Name (print): _____

Phone No. (_____) _____ Email: _____

Signature: _____ Date: _____