

**AMADOR COUNTY UNIFIED SCHOOL DISTRICT  
2018-2019 SCHOOL VOLUNTEER APPLICATION**

Thank you for your time and interest in being an Amador County Unified School District volunteer! Volunteers are welcomed in our district and are a valuable member of our learning community. As part of the pre-volunteer process, you are required to undergo a criminal background investigation and provide verification of tuberculosis screening clearance. If you will be a volunteer driver for any student activities, you must also complete the "School Driver Registration Form" and fulfill the requirements of that process. Thank you for your support of our students!

**Personal Information**

Last Name	First Name	Middle Initial	Date of Birth
Address	City	State	Zip Code
Home Phone	Other Phone (please identify)		E-mail
In case of emergency notify:			Phone Number
School site(s) where I will be volunteering:			
<b>PLEASE MAKE SURE YOU ANSWER THIS QUESTION</b>			
Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? ___Yes ___No If "yes" list on the back of this sheet all convictions including, but not limited to convictions for "driving under the influence", and convictions for sex and/or drug offenses as listed in California Education code Section 44010 and 44011.			
___ TB Clearance attached – valid through: _____ (issuance date plus 4 years)			
___ Copy of current Driver License attached			

**Volunteer Areas**

<input type="checkbox"/>	Student Teacher
<input type="checkbox"/>	Parent - student name(s):
<input type="checkbox"/>	Other:
<b>Coaching Applications are available on the District Webpage. <a href="http://www.amadorcoe.org">www.amadorcoe.org</a></b>	

I hereby certify that the information contained in the application form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Administrator (print& sign)

\_\_\_\_\_  
Date

Education Code 3502 prohibits the District from allowing persons required to register as a sex offender under Penal Code 290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code 35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code 290.4

<b>District Office use only:</b>  T.B. clearance date:  Fingerprint clearance date:	
---	--

## AMADOR COUNTY IMMUNIZATION & TB SKIN TESTING CLINIC SCHEDULE

WHERE	WHEN
<p><b>Amador County Public Health</b></p> <p>10877 Conductor Blvd. Suite 400 Sutter Creek, CA 95685</p>	<p><b>Monthly:</b> 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays 2:00 PM TO 4:45 PM</p> <p><b>NO CLINICS on HOLIDAYS</b></p>

- Children's Immunization Fee: \$10.00 per child per visit
- TB Skin Testing (or work clearance): \$20.00  
Readings are done Friday from 8:15 – 8:45 am or 4:15 – 4:45 pm.
- Adult Vaccines Available (19 years and older):
  - Tdap – tetanus/pertussis booster - \$25.00
  - Hepatitis A – series of two - \$50.00 per dose
  - Hepatitis B – series of three - \$55.00 per dose
  - Combination Hep A/Hep B – series of three - \$75.00 per dose
  - MMR for those eligible – \$25.00 per recommended dose

**If you have any questions please call 223-6407**