Thank you for your interest in volunteering your time with Santa Cruz Valley USD No. 35. In order to be considered for placement on the approved volunteer list, please submit the following to the school principal:

- A signed and completed Volunteer Application
- A signed and notarized Affidavit
- A signed Confidentiality Agreement
- A photocopy of your driver license (or other picture ID)
- A photocopy of your AZ DPS Fingerprint Clearance Card (if applicable)
- Any other certification, license, information, etc which will assist us in the evaluation of your application
- A listing of experience as a player and/or coach (for athletic volunteers only)
- Any other information required by the school site(s)

Please note: Pursuant to ARS § 15-512, parents/guardians of District students are not required to be fingerprinted to be classroom volunteers. However, the **District does require that all athletic volunteers have fingerprint clearance.**

Educate Everyone Every Day

Santa Cruz Valley Unified School District No. 35 Rio Rico, AZ 85648 (520) 281-8282

1374 W. Frontage Road

An Equal Opportunity Organization

APPLICATION FOR SCHOOL VOLUNTEERS

☐ PARENT VOLUNTEE	R NON-PARENT	VOLUNTEER		EMPLOYEE	
Last Name First	Middle		Home Phone	ne Phone	
Address			Cellular Phor	ne	
City, State, Zip			Email Addres	SS	
Current or Previous Employer	Position Dates of Employment				
Address	Telephone				
Duties	Supervisor Name				
Site(s) at which you wish to volunteer: Rio Rico High Calabasas K-8 School San Cayetano Elementary Coatimundi Middle School Other Give three references who are familiar with your personality, character and work hall DO NOT INCLUDE PERSONAL FRIENDS, RELATIVES.				atary	
NAME	,	TELEPHONE		RELATIONSHIP	
following information is need necessarily disqualify applicant mean disqualification from cowith a public agency. Volunte this form. Questions regarding if you are not a parent or guarcheck. Please read carefully an Other name(s) used	hat Santa Cruz Valley Unified Scaled from all volunteer applicants at from consideration; however, far insideration for volunteer service ters must report any convictions this information should be directed ardian of a District student, you ad answer every question. Please	chool District has a regarding convi- ailure to complete and may result that occur subse- ted to the Superior will be required print clearly.	ictions. A rece this form ac in prosecution quent to the tontendent's off to submit fi	cord of conviction* does not curately and completely may in for filing false information time they initially completed fice. In conjunction with this, ingerprints for a background if usage	
(excluding only minor traffic v	cted of, admitted to committing violations not involving any allege offense. You must answer yes o	ation of drug or	alcohol impai	rment)? A DUI conviction is	
	tion not required by this applic s in a position of public trust with			se to the District so it may No	

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc. disclose and the District will determine whether the information is pertinent. If your answer is yes, fully explain. Use a separate sheet of paper if necessary).

*CONVICTION- means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment, which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

set aside of other wise refluered	i ilivalia.		
IF YOU ANSWERED YES	O QUESTION	N 1, COMPLETE SU	UPPLEMENTAL CONVICTION INFORMATION
Conviction Charge:			
Date(s) of Conviction:	Cour	rt of Conviction:	City/State:
Amount of Fine:	Length of	Jail Term:	Terms of Probation:
Remarks:			
30 th for the above noted sited participation is not being performy participation is not in any I have not been promised and service. If employed by the Sor similar services that I performed in the services or similar services that I performed in the services tha	s). I am volumer or way required by d do not expect chool District in form as an emptor of fore final consistency after the comparison of the comparison of the person, school at the person, school of the person, school of the comparison of the person of	nteering of my own of my employment Sant y Santa Cruz Valley Ut to receive any payment another capacity, voludouse, and are not closideration as a volunt ffidavit, confidentiality considered sufficient captunteer may be terminally withdraw from part on will affect any employed by occur to me unless y to the extent of the graph of the District not to discritte District not to discritte District of 1990. Inquiries epartment or to the Discrete partment or to the Discrete partm	nated by Santa Cruz Valley Unified School District No. articipation at any time and for any reason. Neither aployment I may have with Santa Cruz Valley Unified I corporation listed on my application to answer any g this application, my work habits, character or skills istrict regulations and procedures and/or the directives es and volunteers, individually or jointly, are not liable to the District or its agencies, students, employees or gross negligence. Firminate on the basis of race, color, religion, gender concerning sexual harassment), age, national origin, or icies as required by federal law. The District abides by stal need, reasonable accommodations will be made in a regarding compliance with any of the above may be irector of the Office for Civil Rights, U. S. Department
, obottible biotiti ord			DITTE
For School Use Only: Principal Approval:		Classroom volun	nteer Athletic volunteer – AD Approval
For HR Use Only: District parent/guardian/empl Governing Board approval:	oyee <u>OR</u>	FP submitted:Comments:	FP Cleared:

A F F I D A V I T

I,	, being first duly	sworn, do hereby certify the following:
any of the any of the any of the	 for pursuant to a plea agreement to committing any following criminal offenses in the State of Arizona of Sexual abuse of a minor. Incest. First or second degree murder. Kidnapping. Arson. Sexual assault. Sexual exploitation of a minor. Felony offenses involving contributing to the delinquency of a minor. Commercial sexual exploitation of a minor. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs. 	 Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs. Burglary in the first degree. Burglary in the second or third degree. Aggravated or armed robbery. Robbery. A dangerous crime against children as defined in section 13-705. Child abuse. Sexual conduct with a minor. Molestation of a child. Manslaughter. Aggravated assault. Assault. Exploitation of minors involving drug offenses.
		Volunteer Signature Signed and sworn to before me, a Notary Public, on the day of, 20
		Notary Public My Commission Expires:, 20

Confidentiality Agreement

Any student or employee information obtained while in the employment of the District, including informal conversations, is strictly confidential. Information should only be disclosed to parties within the district, as necessary. Unauthorized requests for disclosure of confidential information should be directed to the site/department administrator.

All District personnel, including substitute, temporary or volunteer personnel, must refrain from making comments about individual students or their families that convey private information, such as, but not limited to, grades, medical conditions, learning or discipline problems, family relationships or economic status, etc.

Student and personnel records are strictly confidential (Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g; 34 CFR Part 99). Student records can never be removed from the premises. Records must be kept locked at all times except when under review by an authorized person. Special education records must be kept under double lock (e.g., a locked file cabinet in a locked storage room). Do not make unauthorized copies of student records or give original student records to anyone, including parents. Do not let parents or any other unauthorized persons make copies of student files. Any questions or requests for records should be referred to the site/department administration.

I have read, understand, and will comply with the a comply may result in immediate removal from the appr	
Name (Please Print)	Date
Signature	