

Sebastopol Independent Charter School Volunteer Application

Full Name: _____ Birthdate: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home phone: _____ Cell phone: _____ Email: _____

Do you have children attending SICS or are you an alumni student? YES NO

Do you have any criminal charges pending against you? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a sex or drug related offense or crime of violence? YES NO

Are you required to register as a sex offender under Penal Code § 290.95? YES NO

Individual to contact in case of emergency:

(Name) (Phone)

(Address)

I understand that if I am 18 years of age or older, the school may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the school and any individuals providing the school with information harmless. If I am 18 years of age or older, I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. As a guest and volunteer of this school and its chartering district, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code § 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment. By signing my name below, I declare under penalty of perjury that I am not a registered sex offender required to register with school officials under Penal Code § 290.95. I further declare that I have not been convicted of sex- or drug-related offenses or crimes of violence, and that there are no criminal charges pending against me. I agree to abide by the school's and its chartering district's safety and health rules and regulations.

I declare under penalty of perjury that I have read and understand the above and that all representations are accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A COPY OF YOUR CALIFORNIA DRIVER'S LICENSE
OR CALIFORNIA DMV ID CARD TO THIS FORM.