

MONO COUNTY OFFICE OF EDUCATION

VOLUNTEER APPLICATION

Please complete this application. Upon approval, you are eligible to volunteer for four years from the date of approval. Completed applications must be returned directly to the Bridgeport or Mammoth office. Original signed applications are required. Please do not fax the applications.

Basic Information – Please Print - Unreadable applications will not be processed

*Required Information Please print in black or blue ink.

* First Middle Initial Last: Ms. Mrs. Mr. Dr.

* Complete Street Address:

PO Box Street City State Zip

* Phone (home): _____ Work: _____ Mobile _____

• Age: 18-20 years 21-61 year 62 plus years

• *Gender: Male Female

• List the name of the school or program you would like to volunteer with _____

DEPARTMENT OF JUSTICE – LIVE SCAN SERVICE

Contact HR (www.monocoe.org/human-resources) for Live Scan Request Form

Have you ever been arrested or issued a notice to appear in court for any alleged criminal infraction? Yes No

If yes, please describe the eventual outcome of your case? _____

By signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand the information provided on this form will be used to conduct background screening. Any falsification on this application may result automatic disqualification and termination of the volunteers relationship.

Volunteer Signature

Date

Principal Signature

Date

We love our volunteers!!!

Office Use Only

Live Scan Cleared Rejected

Processed: _____ By: _____

Verification of TB Skin Testing

Processed: _____ By: _____

Authorization for Addition to Approved Driver List

Processed: _____ By: _____

Notes: _____