



**3PENS PARENT CO-OP
VOLUNTEER AGREEMENT
SANTA CRUZ CITY SCHOOLS DISTRICT
405 Old San Jose Road, Soquel, CA 95073
831/429-3410 ext. 233**

Volunteer As: Parent Co-op Volunteer	Date:
Site (circle one): SCPENS SOPENS WPENS	Administrator: Lysa Tabachnik

Full Name:	_____
	(Last) (First) (M.I.)
Address:	_____
	(Street) (City) (State) (Zip)
Telephone Numbers:	() () ()
	(Home) (Work) (Cell)
Person to Notify in Case of Emergency:	_____
	(Name) (Telephone#)

GENERAL INFORMATION

Have you been fingerprinted for the Santa Cruz city Schools before? YES <input type="checkbox"/> NO <input type="checkbox"/> Title and dates: _____
Per Education Code Section 45125.1, a school district may require persons with more than limited contact with students to be fingerprinted and not provide services until the district has received fingerprint clearance back from the Department of Justice showing no prior convictions for certain serious or violent felonies. Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50.00, and/or probation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain on an attached sheet.
Persons transporting students must also meet district requirements for a clear DMV record, a safe vehicle and insurance coverage. Are you an insured driver with a CA Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>

Print Name Signature Date

Revised 7-12-12