School Staff: Please return completed forms to the Site Secretary along with a copy of the volunteer's driver's license.

## **Murrieta Valley Unified School District**

Prior to working with students, all adults who wish to volunteer at district schools are required to complete this volunteer registration form and return it to the school office (site secretary) along with a copy of their current driver's license. To protect the safety of students, District Support Center staff will check the Department of Justice's Megan's Law web site to verify that persons who wish to volunteer are not required to register as a sex offender pursuant to Penal Code 290.

Volunteers who work four or more hours per week in close contact with students shall be required to provide evidence of an examination within the last four years to determine that he/she is free of active tuberculosis. Volunteers may be exempt from the tuberculosis testing requirement if they serve less than a school year, or their volunteer functions do not require frequent or prolonged contact with students.

				istration Form <u>Information</u>		
School:	School Year:					
Name:				/ / Date of Birth		
	(First)	(Middle)	(Last)	Date of Birth		
Address:	(Number)		(Street)	(Apt. #)		
	, ,		•	, ,		
	(City)		(State)	(Zip)	<del></del>	
Murrieta Val	ley Unified Scho	ool District, its Boar	d of Trustees, officers,	licies, regulations and school rules. agents and employees, individually may arise from or during my volunt	and collectively, from and	<b>;</b>
				For Office Use Only:	Revised 6/28/10	
Volunteer's S	Signature		Date	Checked By:	Date:	
District Suppose not required  Volunteers within the la	oort Center staff to register as a who work four or st four years to d	will check the Dep sex offender pursu more hours per w determine that he/s	artment of Justice's Me ant to Penal Code 290 eek in close contact wi he is free of active tub ar, or their volunteer fu Volunteer Reg	by of their current driver's license egan's Law web site to verify that per the students shall be required to proverculosis. Volunteers may be exempled to not require frequent or positistration Form Information	ersons who wish to volunteer vide evidence of an examinat apt from the tuberculosis testi	are tion ing
School:			<u> </u>	School Year:		
Name:						
rvamo	(First)	(Middle)	(Last)	Date of Birth		
Address:	(Number)		(Street)	(Apt. #)		
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	(City)		(State)	(Zip)		
Murrieta Val	ley Unified Scho	ool District, its Boar	d of Trustees, officers,	licies, regulations and school rules. agents and employees, individually mav arise from or during mv volunt	and collectively, from and	<del>,</del>
				For Office Use Only:	Revised 6/28/10	
Volunteer's S	Signature		Date	- Charked By:	Data:	

Date:

Checked By: