

# **MAMMOTH UNIFIED SCHOOL DISTRICT CLASSROOM SUPPORT VOLUNTEERS APPLICANT CHECK LIST**

To volunteer in the classroom at Mammoth Unified School District, you must:

1. Complete a Volunteer Application
2. Submit TB skin test verification  
(processing timeline - 48 hrs from time of injection)

The Superintendent or designee shall verify by reasonable means that the persons serving as non-teaching, classroom support volunteers are not required to register as a sex offender pursuant to Penal Code 290.

All completed paperwork will be returned to the school office for record keeping.  
Thank you!

**We love our volunteers!!**

# Mammoth Unified School District Volunteer Application

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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 school district 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: \_\_\_\_\_

P.O. Box                      Street                      City                      State                      ZIP

• Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (mobile): \_\_\_\_\_

• Age:    18-20 years            21-61 years            62 years & over            \* Gender:    Male            Female

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

**Department of Justice – Live Scan Service**

\$35 cash/check to MUSD                      \$25 cash/check to MLPD

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 volunteer relationship.

\_\_\_\_\_ \* Volunteer's Signature

\_\_\_\_\_ \* Date

***We love our volunteers!***

<b>Office Use Only</b>				
Live Scan	Cleared	Rejected	Processed _____	By: _____
Verification of TB Skin Testing			Processed _____	By: _____
Authorization for Addition to Approved Driver List			Processed _____	By: _____
Notes:	_____			

MONO COUNTY OFFICE OF EDUCATION

CERTIFICATE OF TUBERCULOSIS  
SKIN TEST/OR CHEST X-RAY

Name \_\_\_\_\_ School District \_\_\_\_\_

**SKIN TEST**

Mantoux (PPD) Test \_\_\_\_\_ Date Given \_\_\_\_\_

Signature of Administering Physician or Nurse \_\_\_\_\_

Address \_\_\_\_\_

Results \_\_\_\_\_ Date Read: \_\_\_\_\_

Results: \_\_\_\_\_

Chest X-Ray (If necessary) \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

**WHAT TO DO WITH THIS FORM**

Please return this form, signed, or within the past sixty (60) days you have had a tuberculosis skin test or chest x-ray, please attach official results.

**Justification:**

Education Code Section #49406

**Re-examination:**

Every four (4) years as per Education Code

**Please Note:**

If you have ever had a positive tuberculin skin test, subsequent skin tests are contraindicated and a chest x-ray is necessary every four years to meet the requirement.