



Campbell Union School District
Parent Volunteers to support Synchronous Distance Learning

Classroom Support: I am offering support to the teacher/classroom by volunteering during a synchronous, distance learning class. The job and times will be determined by the classroom teacher and class coordinator based on the needs of the individual classroom. Zoom classroom support includes monitoring breakout rooms during a zoom lesson hosted by the teacher. I agree that no screenshots, recordings, or photos of the lessons will be taken.

Date: _____

Applicant's Name:

Last Name	First Name	Middle Initial
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Address:

Street	City	State	Zip Code
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Telephone Numbers:

Home	Work	Cell or Alternate
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Driver's Lic. #: _____ State: _____ Expiration Date: _____

Email: _____ Social Security # (optional): _____

Mark the Appropriate Boxes:

New Application Previous Application on file (date _____) Former Employee

Indicate Volunteer Activity, Organization Affiliation:

Indicate experience which qualifies you for the desired position(s):

References:

Please provide at least three references:

Personal References:

Name Phone

Relationship to Applicant

Address (Include City and Zip Code)

Name Phone

Relationship to Applicant

Address (Include City and Zip Code)

Professional References:

Name Phone

Job Title

Address (Include City and Zip Code)

Name Phone

Job Title

Address (Include City and Zip Code)

I certify that the information I have provided on this application is true in all respects, and I agree that, if the information I have provided is found to be false in any way, it shall be considered sufficient cause for denial of participation in a District program or activity. I authorize Campbell Union School District use of any information in this application to verify the statements and references I have listed on this form to answer all questions Campbell Union School District asks concerning my character and reputation. I release all such persons from any liability or damages on account of having furnished such information, and I waive any rights or claims I may have against them that may result from the use, disclosure, or release of any information by any person, whether the information is favorable or unfavorable to me. I further consent to being fingerprinted in accordance with District policy. This form will be forwarded to Human Resources to process your information through the Department of Justice.

Legal Signature Date