



## Volunteer Application

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Volunteer Activities or Experience:

Reason you would like to volunteer for the 6 Cups to Success Mentor Program:

### Statement:

**I hereby declare under penalty of perjury that I have not been convicted of a felony. I authorize Tuolumne County Superintendent of Schools to contact the Department of Justice, Sexual Offender Registry at (900) 463-0400 to verify that I am not a registered sex offender.**

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**\*\*Please complete second page for the Department of Justice fingerprint clearance.**

**Original signature is required:**

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Please answer the following questions. All yes answers must be explained in the space below.  
Attach additional sheets if necessary.

1. Have you ever been employed under another name?                    (   ) Yes    (   ) No
  
2. Has your driver's license ever been suspended or revoked?    (   ) Yes    (   ) No
  
3. Have you ever been convicted of a crime?                            (   ) Yes    (   ) No  
    (Prior convictions will not necessarily exclude a  
    Volunteer from volunteering)

I hereby certify that all statements made on this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of volunteering for the Tuolumne County Superintendent of Schools.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Original signature is required:**