

SOUTHEASTERN CALIFORNIA CONFERENCE OF SDA
OFFICE OF EDUCATION

VOLUNTEER SERVICES

NAME: _____ DATE: _____
ADDRESS: _____ HOME PHONE: _____
_____ CELL PHONE: _____
ASSIGNMENT: _____ DEPARTMENT: _____
BEGINNING DATE: _____ ENDING DATE: _____
SCHOOL: _____

As a volunteer I understand that there is no payment and no employment relationship.

Volunteer Signature *Date* *Department Director Signature* *Date*

PLEASE FILL OUT THE TOP PART OF THIS FORM COMPLETELY, INCLUDING SIGNATURES

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Background Check Fees: Rolling Fees vary according to individual Live Scan agencies. Call the agency nearest you to make an appointment and for information about payment.

FBI Clearance is required if individual has been a California Resident for less than 2 years.

Mail completed form to:
**Southeastern California Conference of SDA
Office of Education
P.O. Box 79990
Riverside, CA 92513**

INFORMATION	
DOB:	_____
SSN:	_____
CDL:	_____
ATI:	_____
State Cleared:	_____
FBI Cleared:	_____
Date of Submission:	_____

Notification from the Department of Justice on the dates notated above show "NO FURTHER INFORMATION FROM FBI/DOJ FILES MEETING DISSEMINATION CRITERIA".

(A copy of this form will be sent to the school listed above when LiveScan results have been received.)