



**ONTARIO-MONTCLAIR SCHOOL DISTRICT
VOLUNTEER/PARTICIPATION FORM**

Preschool/Child Development Office
1556 S. Sultana Ave Ontario, CA 91761
Telephone: (909) 418-6898 • FAX: (909) 459-2877



Personal Information:

Name of Parent/Volunteer: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____

Have you ever been convicted of a crime or offense other than a minor traffic violation?

_____ YES _____ NO If yes, please list the circumstances, and dates on the back of this form.
Convictions are evaluated individually and are not necessarily disqualifying.

Volunteers are subject to approval by the Ontario-Montclair School District.

I declare under penalty of perjury that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification.

Title 22 Regulation 101216 (g) (3) The good physical health of each volunteer who works in the center shall be verified by:

(A) A statement signed by each volunteer affirming that he/she is in good health.

I confirm I am in good health.

Signature: _____ Date: _____

OFFICE STAFF USE ONLY

Date of T.B. test: _____ Result: Negative _____ Positive _____

Date of X-ray test: _____ Result: Negative _____ Positive _____

Date of (MMR) Measles: _____ Date of (Flu Shot) Influenza: _____

Date of (Tdap) Pertussis: _____ Date of Megan's Law Search: _____
