



OFFICE OF EQUITY, ACCESS, COLLEGE &
CAREER READINESS
Volunteers in Public Schools



VIPS APPLICATION
APPLICATIONS ARE REQUIRED EVERY 4 YEARS

Contact Information
(PLEASE PRINT)

Date Submitted to Site: _____
Date Submitted to District VIPS Office _____
Current VIPS: Yes No

QUESTIONS CONCERNING APPLICATION SHOULD BE DIRECTED TO THE SITE VIPS COORDINATOR

Name _____ ()
Last First M. I. Phone #

Home Address _____
Street Apt. City Zip Code

Government-Issued **Unexpired** Photo ID _____ **(Please attach a copy of your photo ID)**
(e.g. California Driver's License, California ID, Military ID, Passport or International ID) **(Picture must be clear)**

Date of Birth: _____ E-mail _____ Cell # _____

School _____
Middle Schools/High Schools: Teacher/Supervisor _____
 Department Working In _____
 Working with Students: Yes No
SPECIAL PROGRAMS: Intern: Yes No **All interns require fingerprinting**
 Special Program: _____
 Other: _____

Child's Name: _____ Grade: _____ Teacher: _____

Child's Name: _____ Grade: _____ Teacher: _____

Child's Name: _____ Grade: _____ Teacher: _____

Personal Information

Have you ever had tuberculosis? **(Not TB Test)** Yes No If answer is "yes," when? _____
 Have you ever had a positive skin test (PPD) Yes No If answer is "yes," when? _____

PLEASE ATTACH A COPY OF TB TEST RESULTS OR TB RISK ASSESSMENT QUESTIONNAIRE CERTIFICATE OF COMPLETION TO APPLICATION—

MUST SHOW DATE GIVEN, DATE READ, RESULTS AND THE NAME OF MEDICAL FACILITY

Can you perform the work of the position with or without accommodation? Yes No

In case of an emergency, please notify: _____ Phone # _____ Cell # _____

Are you now, or have you ever, been a VIPS? Yes No Which School? _____ When? _____

Have you ever been a District Employee? Yes No If answer is "yes," when? _____

Where did you work? _____

FINGERPRINTS ARE REQUIRED FOR BEFORE SCHOOL OR AFTER SCHOOL VOLUNTEERS

Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, placed on probation or sentenced in any civil, criminal, or military court, or have you ever forfeited bail? Yes No

Do you have any pending arrests? Yes No

Are you currently on probation? Yes No

If yes, when will your probation end? _____

If you answered YES, **list all offenses on the back**. Please indicate if an arrest is pending. You must include minor traffic violations (if they resulted in the issuance of a warrant), drunk driving convictions and convictions dismissed following probation.

Please note that those applications showing convictions **require court papers to be attached to the application** and will require additional time to clear. Any questions concerning these applications can be directed to: Sharon Lazo-Nakamoto – (562) 997-8307

Please complete back

Revised 08-19-17

EXPLANATION OF CONVICTION(S)

Please use this form to list the offense(s) for which you were convicted. Provide the Penal Code and type of offense; explain in detail the date the offense occurred, the incident itself and the outcome. (i.e. Did you pay a fine? How much? Were you on probation? When did it end or are you still on probation? Include such information as “still pending” if you have not received a judgment.) **Please attach court papers.**

Penal Code #	Type of Offense	Date Occurred	Place Occurred	Sentence of Fine

I understand the information contained on this document is subject to verification and a background investigation will be done in order to ensure that I am a suitable candidate to be a volunteer for the Long Beach Unified School District (LBUSD). Should any false or derogatory information be found, I could be disqualified from participation as a volunteer for the LBUSD.

Having completed an application for the position of volunteer for the LBUSD, and desiring them to be informed as to my previous record and character determining my qualifications and suitability, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the LBUSD.

I understand that it is district policy for me to wear my VIPS badge at all times when I am on campus. The badge is the property of LBUSD, and it should be kept on site at all times. I agree to not take the badge home nor loan it to others. I agree to sign in and out each time I am on campus as a volunteer. I agree to keep confidential information about students’ academic and behavioral performance in the classroom(s) where I volunteer my time.

VIPS Printed Legal Name _____ Date _____

VIPS Applicant Legal Signature _____ Date _____



FOR SCHOOL USE ONLY: KEEP COPY OF ALL DOCUMENTS ON FILE

Application reviewed by site VIPS Coordinator: _____ Date _____

Principal Signature: _____ Date: _____

School _____