

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 _____



Application reviewed by site Athletic Secretary: _____ Date: _____

Principal Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____

School _____

FOR SCHOOL USE ONLY:	
VERIFIED BY ATHLETIC SECRETARY: _____	DATE: _____
I certify that I have reviewed all documents submitted, fingerprint clearance has been verified and all Certifications submitted have been checked and verified to be in good standing.	
Athletic Director: _____	DATE: _____
KEEP COPY OF ALL DOCUMENTS ON FILE	
_____ Fingerprint approval date DOJ _____	_____ Water Safety (if applicable) – Exp. Date _____
_____ Fingerprint approval date FBI _____	_____ Concussion Course Cert. – Exp. Date _____
_____ Copy of CPR – Exp. Date _____	_____ Copy of Cardiac Arrest Cert. – Exp. Date _____
_____ Copy of First Aid – Exp. Date _____	_____ Fundamentals of Coaching—Date (High School Only) _____
_____ TB Clearance Date or _____	_____ Send copy of VIPS coach/activity application with TB
_____ TB Risk Assessment Questionnaire _____	clearance, ID and fingerprints to Office of Equity,
_____ Certificate of Completion Date _____	Access, College & Career Readiness Date: _____