



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



Date submitted to site: \_\_\_\_\_  
Date submitted to District VIPS Office: \_\_\_\_\_  
Current VIPS: Yes  No  - School: \_\_\_\_\_  
Current District employee Yes  E00 \_\_\_\_\_

### COACH / ACTIVITY APPLICATION

**APPLICATIONS ARE REQUIRED EVERY YEAR**

QUESTIONS CONCERNING APPLICATION SHOULD BE DIRECTED TO THE SITE VIPS COORDINATOR

#### Contact Information (PLEASE PRINT)

Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last First M. I. Phone #  
Home Address \_\_\_\_\_  
Street Apt. City Zip Code  
Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**)

#### Personal Information

Have you ever had the **disease** tuberculosis? (Not a 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 # (\_\_\_\_) \_\_\_\_\_

#### Coaching Information

School \_\_\_\_\_  
Sport: \_\_\_\_\_ **SPORT SEASON: From \_\_\_\_\_ To \_\_\_\_\_**  
Name of teacher/coach/activity director/district personnel you will be working with \_\_\_\_\_  
Activity: (please check):  
 Drill  Cheer  
 Band  Other \_\_\_\_\_

**APPLICANT, PLEASE CONTINUE TO PAGE 2 AND COMPLETE WHOLE APPLICATION**

#### 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 A COPY OF ALL DOCUMENTS ON FILE**

- |  |   |
|--|---|
| _____ Fingerprint approval date <b>DOJ</b> _____                               | _____ Water Safety (if applicable) – Exp. Date _____  |
| _____ Fingerprint approval date <b>FBI</b> _____                               | _____ 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<br>clearance, ID and fingerprints to Office of Equity,<br>Access, College & Career Readiness Date: _____ |
| _____ TB Risk Assessment Questionnaire<br>Certificate of Completion Date _____ |   |

**LONG BEACH UNIFIED SCHOOL DISTRICT  
REPORT OF CONVICTIONS AND FINGERPRINTING FOR VOLUNTEERS**

**ALL VOLUNTEERS WHO WILL PROVIDE SERVICES TO THE DISTRICT AND HAVE DIRECT INTERACTION WITH STUDENTS WITHOUT THE DIRECT SUPERVISION OF A CREDENTIALLED EMPLOYEE MUST BE FINGERPRINTED.**

*Please answer both questions below. Social security number is required only when reporting a conviction.*

PRINT NAME (LAST, FIRST AND MIDDLE)	SOCIAL SECURITY NUMBER
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The District appreciates your interest in serving its students and schools in a volunteer capacity. In order to protect its students, please note that, prior to your being considered for volunteer services, the District may require potential volunteers who have prior convictions to provide a certified copy of all relevant records including, but not limited to, conviction reports, probation reports, and other related court records. A conviction does not necessarily disqualify you from volunteering.

**FAILURE TO ITEMIZE ALL CONVICTIONS IS CAUSE FOR YOUR DISQUALIFICATION. IF YOU DO NOT FULLY DISCLOSE SUCH INFORMATION ON THIS FORM NOW, IT IS CAUSE FOR REJECTION FROM VOLUNTEER SERVICES.**

**PLEASE READ THE FOLLOWING NOTES CAREFULLY:**

Please list below any and all convictions, including misdemeanors and/or felonies, you received at any time during your lifetime. The term "conviction" includes a plea or verdict of guilty or finding of guilt by a court in a trial without a jury, or a conviction following a plea of nolo contendere. If you have been convicted of any criminal offense, please specify and explain all convictions on this form. You must report all convictions for sex and/or drug offenses specified in Education Code sections 44010 and 44011 and any convictions for serious or violent felonies specified in Penal Code sections 667.5 and 1192.7. Any convictions set aside pursuant to Penal Code section 1203.4 must be disclosed, as such convictions are by law convictions for the purpose of this question (see Education Code section 44009). A conviction will not necessarily result in automatic disqualification. You are solely responsible for making the determination of whether a conviction must be disclosed. District staff cannot and will not assist you. Failure to report an otherwise reportable conviction will not be excused by your misunderstanding of the law.

**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?    NO     YES**

Name of Offense (Explain in detail on back of this form. Use additional pages if necessary.)	Offense Code #	Date Mo/ Yr	Location (City & State)	Misdemeanor or Felony?	If Imprisoned, how long?	If Fined \$ Amount	If Probation From--- To---

**HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?    NO     YES**   
If YES, explain, including when, where it occurred, the outcome, AND attach H6 DMV report

**EXPLANATION OF CONVICTION:**

Please use the next page to write about the offense(s) for which you were convicted. Explain in detail, the incident(s) and the surrounding circumstances, outcome, etc. Make sure the information you provide matches the convictions on this form.

**EXPLANATION OF EVENTS: (You may attach other pages, if necessary):**

**PLEASE READ BELOW BEFORE SIGNING:**

I declare that I have read and understand all of the questions and statements listed on all pages of this Report of Convictions form and the answers I have given are true, correct, and complete. I understand it is my responsibility to list any and all convictions, and that anything I may have forgotten or failed to list will result in rejection as a volunteer. I have listed all of my convictions.

*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 not to 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.*

**HAVE YOU FORGOTTEN SOMETHING? IF YOU HAVE NOT LISTED EVERYTHING, STOP AND LIST IT NOW.**

***SIGNATURE OF APPLICANT***

***DATE SIGNED***

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**FOR SCHOOL USE ONLY:**

Application reviewed by site Athletic Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Application checked for completeness and accuracy . Proof of TB test  and current Photo ID  are attached.

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

**Athletic Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_