



### High School Mock Trial District Volunteer Clearance Form

In order for a team to participate with a volunteer attorney coach for events related to the Santa Clara County Mock Trial Competition, volunteer attorney coaches must complete/must have completed the necessary County/District requirements to be able to work with students during the 2016-2017 Mock Trial season.

Please read the following information, fill out, and sign accordingly. This form must be returned to Dr. Christina Arpante no later than November 4, 2016 via email ([AcademicEvents@sccoe.org](mailto:AcademicEvents@sccoe.org)) or fax (408.453.3682).

Participating School \_\_\_\_\_

PRINT CLEARLY

Mock Trial School/Staff Coach \_\_\_\_\_

PRINT CLEARLY

Mock Trial Volunteer Attorney Coach \_\_\_\_\_

PRINT CLEARLY

#### REQUIRED – INITIAL BOTH

initial _____	I understand that it is the district/school’s responsibility to ensure volunteers that interact with students are in compliance with Statute <a href="#">AB 346 Conway</a> , that requires that non-certificated individuals, prior to starting a paid or non-paid volunteer position working with pupils in a student activity program sponsored by a school district or county office of education, to obtain fingerprint clearance through a criminal background check completed by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Or, volunteers may obtain an Activity Supervisor Clearance Certificate applicable for a paid or volunteer position to work with pupils in a pupil activity program sponsored by a school district.
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initial _____	I understand that I must contact Dr. Christina Arpante with confirmation of my school’s volunteer attorney coach’s district fingerprint clearance by the <b>November 4, 2016</b> .
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#### CHOOSE ONE

initial _____	I certify the that volunteer attorney working with our students have completed all steps and procedures to be in compliance with <i>Statute AB 346 Conway</i> , and have been cleared by my school/district to proceed. This includes tuberculosis (TB) and fingerprinting clearance.
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initial _____	My school’s Mock Trial Team volunteer attorney coach received fingerprint/TB clearance from the Santa Clara County Office of Education during the 2014-2015 or 2015-2016 Mock Trial Season.
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initial _____	My school’s Mock Trial Team is not enlisting with the assistance of a volunteer attorney coach for the 2016-2017 Season.
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Principal Name: (print clearly): \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

