

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

Human Resources to complete:
 F/P clr rec'd _____
 CA Drv Lic # _____
 CDL Exp: _____

VOLUNTEER ASSISTANCE REQUEST

Employee Yes No

Print/Type: _____
Name of Volunteer Campus/Location

Dates: _____ to _____

Name of **Sport** or **Activity**: _____ New Volunteer? Yes No

Sponsoring Staff Member: _____

Duties to be performed (This must be filled in or your form will be incomplete and returned):

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|--|---|
| <p>• <u>The Fingerprint Clearance form must be obtained from Human Resources.</u></p> | <p><input type="checkbox"/> Overnight Field Trip Chaperone DOB: _____ (Must fill-in) <i>Administrative Regulation AR6560.2(a):</i> <u>Volunteer must be at least 25 years of age</u> Volunteer form Fingerprint clearance</p> |
| <p><input type="checkbox"/> Volunteer Coach Volunteer form Fingerprint clearance Complete coaching requirements: TB test CPR First Aid Title V training CIF-NFHS Certificate Concussion and Heat training References</p> | <p><input type="checkbox"/> Volunteer Volunteer form Fingerprint clearance TB test Acceptable Use of Technology form CA driver's license Emergency Information form References</p> <p><input type="checkbox"/> Parent Classroom/Day Time Field Trip Volunteer Volunteer form Name of student: _____ (Must fill-in student name)</p> |

Please respond to the following items:

Have you ever been convicted of any sex or drug offense? **If the answer is 'yes,' please write a complete explanation on reverse side.** Yes No

Are you presently free from any communicable disease which could readily be transmitted in a school environment, such as but not limited to tuberculosis, hepatitis, etc.? Yes No

Please list names and telephone numbers of two individuals to be contacted in the event of an emergency while you are rendering volunteer services

 Name Relationship () Telephone

 Name Relationship () Telephone

continued on reverse side

Please list names, addresses, and telephone numbers of at least three local references who will verify your good character and suitability for providing volunteer services in a school environment:

Please describe any employment or volunteer service you have rendered which would assist you as a volunteer in a school environment:

I understand that volunteers are not compensated, and that I may only provide assistance under the **direction and supervision of a teacher/coach** employed by the Fullerton Joint Union High School District.

I further understand that if I am issued any District property during my service, the property will be returned to the Principal/designee at the end of the term of my volunteer service.

I understand that my volunteer services are at the discretion of the Board, through its designee, the site principal, and that my services may be terminated at any time. I also understand that I must re-apply annually (every July 1st).

Signature of Volunteer Date

Street Address

City, ZIP Code ()

Telephone

References Verified: Yes No

Signature of Principal/Designee Approval Date

COMMENTS

Please write additional information in this space: