

VOLUNTEER ASSISTANCE APPLICATION

(Please turn in to appropriate school site)

Name of Applicant: _____

School Site: _____ What activity will you be involved with? _____

Address, City, State & Zip: _____

Date of Birth: _____ Place of Birth (City/State): _____

Height: _____ Weight: _____ Sex: Male Female

Hair Color: _____ Eye Color: _____

Driver License/ID#: _____ Expiration Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Do you have a child or children currently enrolled at this school? Yes No

If yes, what is the name of your child/children? _____

Emergency Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

Criminal History: Have you ever been convicted of a felony or misdemeanor (except for juvenile convictions?) Yes No (If yes, explain in full detail on an additional page)

STATEMENT OF COMMITMENT AND RESPONSIBILITIES

As a Volunteer on a Glendora Unified School District campus, I agree to:

- Attend orientation or training sessions necessary for my assignment
- Keep school and student information confidential
- Abide by all school rules and Board regulations and all public health mandates.

Volunteer Signature

Date

Site Administrator Signature

Date

For administrator use only (please check appropriate level of volunteering) Level 1 Level 2 Level 3

(Copy Driver's License here)