



Volunteer Application

This application must be printed, signed and delivered to the office.

To be completed by applicant

- New Volunteer
- Continuing Volunteer

MY PROFILE

First Name: _____ Middle Name/Initial: _____

Last Name: _____ Other Names: _____

TYPES OF VOLUNTEERS: (Please check the all that apply)

I am a: parent/legal guardian of a child at this school.

I am a: community member or non-custodial family member.

I am: a student at a college or university.

Name of institution: _____

I am: employed at a community-based organization.

Name of organization: _____

I am: a student at a middle school or high school.

Name of school: _____

CONTACT INFORMATION:

Address:		
City:	State: CA	Zip:
Home Phone:		
Cell Phone:		
Work Phone:		
EMAIL:		

Emergency Contact 1 Name:	Contact 1 Phone:
Emergency Contact 2 Name:	Contact 2 Phone:
Are you employed? <input type="checkbox"/> yes <input type="checkbox"/> no If so, where?	
Occupation:	



Relevant Skills (optional):

Do you need any health accommodations? (optional): _____

SCHOOL VOLUNTEER PLACEMENT INFORMATION

I have children attending this school.

yes no

If yes, name(s) of student(s) and teacher: _____

I want to volunteer during the following days and times:

Mornings Afternoons Evenings

Monday Tuesday Wednesday Thursday Friday Saturday

Maximum number of hours I can serve each week:

(Note: If you volunteer more than 16 hours per week, you MUST be fingerprinted.)

Have you ever been convicted of a crime involving children? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please explain:

I would like to volunteer in the following areas:

Classroom Traffic Control Field Trip (specify) _____

Library After school (LA's BEST) Special Event (specify) _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Prospective Volunteer's Signature

Date

Parent Name (Print. Required if you are a minor, age 17 and under)

Parent Signature

Date