



LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

Attachment A

SCHOOL VOLUNTEER APPLICATION

Parents: Complete this form only if you will volunteer one or more times per week in classrooms.
\*Information required for all items with an asterisk. Non-asterisk items are optional.

School Year 2013-14 Volunteer Assigned to MAR VISTA ELEMENTARY
\*Title \*First Name \*Address \*State \*Zip \*Telephone: Home Cell Work/Business \*Birth Date \*Date of TB Skin Test \*Date of X-ray or Doctor's Clearance
\*Student Name(s) & Classroom Number(s)
In case of an emergency, call: \*Contact Name \*Contact 1 Phone
Contact Name 2 Contact 2 Phone
How were you Recruited: Newspaper Radio School Education
Degree Achieved Work Experience Employed? If so where Occupation
Volunteer Experiences
I can serve Mornings Afternoon Evenings
Days of week I can serve Monday Tuesday Wednesday Thursday Friday
Maximum # of hours I can serve
Grade Level: Pre-School & K Elementary (Primary) 1-3 Elementary (Upper) 4-6 Middle High
Special Programs: After School SRLDP Other
I would like to volunteer in the following areas: Reading English Social Studies Foreign Language
Art Library Other
\*Have you ever been convicted of a felony or a crime involving children? Yes No
\*Parent Signature \*Date

OFFICE USE ONLY:
Date California Megan's Law Database Fingerprint Needed: Yes No
Volunteer Assignment
Volunteer Coordinator Name Volunteer Coordinator Employee #
Date Submitted
Input Date Input by
Update Date Update by
Principal's Signature Date