



School Volunteer Application

Check One: Parent at Child's School Student LAUSD K-12 Community other Adults
 Staff LAUSD Employee Intern Mentor

School Year _____ New Volunteer Volunteers Previous School _____

Employee Number if LAUSD Employee _____

Organization/Partnership _____

Volunteer Assigned to _____

Date of Skin Test _____

Date California Megan's Law Database _____

Volunteer Assignment _____

Volunteer Coordinator Employee # _____

Volunteer Coordinator: First Name _____

Title Mrs. Ms. Mr.

First Name _____

Address _____

State _____ Zip _____

Telephone #: Home _____ Cell _____ Work/Business _____

Birth Date _____ Email _____

In case of an emergency, please call:

Contact Name 1 _____ Contact 1 Phone _____

Contact Name 2 _____ Contact 2 Phone _____

How were you Recruited: Newspaper Radio School Flyer TV Internet Other _____

Education _____ Language Spoken _____

Degree Achieved _____ Language Spoken 2 _____

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 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

Date Submitted _____

Created Date _____

Update Date _____

Volunteer's Signature _____

Principal's Signature _____

Parent Signature _____

Created by _____

Update by _____

Date _____

Date _____