

VOLUNTEER ASSISTANCE APPLICATION
(Please turn in to appropriate school site)

Name of Applicant: _____ School Site: _____

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

Volunteer Signature

Date

Site Administrator Signature

Date

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

Glendora Unified School District