## FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

## **VOLUNTEER ASSISTANCE REQUEST**

Approval Date:		
Human Resources to complete:		
F/P clr rec'd		
CA Drv Lic #		
CDL Exp:		
DOB:		
Employee? Yes   No		

Print/Type:			
Name of Volunteer	Campus/Location		
Dates:	to		
Name of <b>Sport</b> or <b>Activity:</b>	New Volunteer? Yes □ No □		
Sponsoring Staff Member:			
<b>Duties</b> to be performed:			
• Please check one of the three boxes on the right.	☐ Overnight/Day Time Field Trip Chaperone  Administrative Regulation AR6560.2(a):  Volunteer must be at least 25 years of age  Driver's License  Volunteer form  Fingerprint clearance		
• Note: The Fingerprint Clearance form must be obtair from Human Resources.	☐ Volunteer/Intern/Other Volunteer form Fingerprint clearance TB test Acceptable Use of Technology Form District Forms Driver's License References Resume		
	☐ Classroom Volunteer/Test Proctor Fingerprint clearance Volunteer form  Name of student:		
	(Proctors: provide test name)		
Please respond to the following items:  Have you ever been convicted of any sex or complete explanation on reverse side. Yes	or drug offense? If the answer is 'yes,' please write a $\square$ $\square$ $\square$		
Are you presently free from any communicable environment, such as but not limited to tubercular	ble disease which could readily be transmitted in a school closis, hepatitis, etc.? Yes \( \subseteq \no \no \supseteq \)		
Please list names and telephone numbers of tw while you are rendering volunteer services:	wo individuals to be contacted in the event of an emergency  ( )		
Name I	Relationship Telephone ( )		
Name I	Relationship Telephone		

Please list names, addresses, and telephone number good character and suitability for providing voluntee		
Please describe any employment or volunteer servolunteer in a school environment:	vice you	ou have rendered which would assist you as a
I understand that volunteers are not compensated direction and supervision of a teacher/coach employ		· · · ·
I understand that if I am issued any District proper the Principal/designee at the end of the term of my v		
I understand that my volunteer service excludes n insurance does not cover my volunteer service.	ne from	m transporting students and that the FJUHSD
I understand that my volunteer services are at the principal, and that my services may be terminated a lst).		
Signature of Volunteer		Email address
Street Address	City	Zip Code
Date  References Verified: Yes  No		Telephone
Signature of Principal/Designee Approval		Date
COMMENTS		

## **COMMENTS**

Please write additional information in this space:

Principal's Office: Send original to Human Resources

revised 2/22/22