

LUCIA MAR UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES

VOLUNTEER DATA SHEET FOR SCHOOL YEAR: _____
Must Be Completed Annually

Volunteer Site(s): _____	Date: _____
Volunteer's Name: _____	Birth Date: _____
Child's Name & Teacher's Name: _____	
Residence Address: _____	
Mailing Address (if different): _____	
Day Phone: _____	Cell or Evening Phone: _____
In case of emergency, please contact: _____ <i>Name and Phone Number</i>	

Have you ever been convicted of any felony or misdemeanor offense, including entering a plea of nolo contendere, in California or in any other state or place? YES NO - If Yes, give details and the Section Code of the Offense:

Are you currently on formal/informal probation? _____

**VOLUNTEERS WHO ARE ON PROBATION OR HAVE A FELONY CONVICTION WILL BE INELIGIBLE TO SERVE AS A VOLUNTEER.*

Volunteer Signature: _____ Date: _____

SCHOOL SITE USE

Fingerprint Clearance Date: _____
Verified By _____

TB Clearance Expiration Date: _____

SCREENING OR QUESTIONNAIRE CLEARANCE – TUBERCULOSIS (Please attach)

- SCREENING CLEARANCE ACCEPTABLE:
Per CDS/ATS* targeted screening guidelines and risk assessment, TST (tuberculin skin testing-PPD) for this person is not medically indicated and waived per the SLOPHD/TB control guidelines. This clearance must be renewed every four years.
- QUESTIONNAIRE CLEARANCE ACCEPTABLE: This clearance must be renewed every four years.
- REFERRED TO PHYSICIAN OR PUBLIC HEALTH DEPARTMENT:
The above named person did not meet requirements for screening or questionnaire clearance and has been referred for TB skin test or other tests for TB.

Date

School Nurse

A copy of this form should be kept at the site where the volunteer is working.
The original form MUST be sent to Human Resources.