

VOLUNTEER APPLICATION

In compliance with LGSD Board Policy 1240/Admin Regulation 1240/Exhibit 1240 (April 2018)

School Year: _____ **Date:** _____

Full Name (Please Print): _____

Last Name
First Name
Middle Name

Address _____

Street Address
City
Zip Code

Phone # _____ **Email:** _____

Home or Cell

In Case of Emergency Contacts: _____

Name
Relationship
Phone #

Name
Relationship
Phone #

Name of child/children, grandchildren attending in Lemon Grove School District:

Your relationship to above child/children: _____

Allergies: _____

Have you been convicted of a crime in which the victim was a minor under the age of 16?
 Yes _____ No _____

Are you a registered sex offender? Yes _____ No _____
(Pursuant to Penal Code 290, no sex offender may be assigned to volunteer.)

 This section to be completed by site administrator/designee:

Volunteer Position/Classroom Assignment: _____

Day(s) of Week Volunteering: _____ **On site/At**
Home/Other: _____

Start Date: _____ **End Date:** _____ **Hours Available:** _____

Other Information: _____

Site Administrator/Designee Approval: _____
Printed Name/Signature

Lemon Grove Learners are tomorrow's leaders, workers, and citizens.

