



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT A

Los Angeles Unified School District Volunteer Application, PART A

This application must be printed, signed and delivered to the District office administrator or principal of the school where you want to volunteer. The office or school can assist you with printing the application.

PART A: To be completed by applicant

New Volunteer

Returning Volunteer

You will be identified by your birthdate and Volunteer Identification (ID) Number.			
Birthdate:		Volunteer ID Number:	

If continuing, please list the office(s) or school(s) where you have volunteered: _____

PROFILE INFORMATION

First Name: _____ Middle Name/Initial: _____
 Last Name: _____ Other Names: _____

TYPES OF VOLUNTEERS: (Please check all that apply)

I am a: parent/legal guardian of a child at this school.

I am a: community member or non-custodial family member.

other

I am: employed by LAUSD.

Employee number: _____

I am: a student at a college or university.

Name of institution: _____

I am: an intern.

Name of institution: _____

I am: employed at a community-based organization.

Name of organization: _____

I am: volunteering in a LAUSD office.

Name of unit/office: _____

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact 1 Name: _____ Contact 1 Phone: _____

Emergency Contact 2 Name: _____ Contact 2 Phone: _____

EMPLOYMENT (OPTIONAL)

Are you employed? yes no If so, where _____? Occupation: _____

Relevant Skills (optional): _____

Do you need any health accommodations? (optional) _____



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ATTACHMENT B

**Los Angeles Unified School District
Volunteer Application, PART B**

PART B: *To be completed by school or office personnel*

HEALTH/SAFETY CLEARANCES

Date of TB skin test: _____ Date of CA Megan's Law review: _____
 Date of X-ray: _____ Fingerprinting needed? no yes
 Doctor's clearance: _____ Date of fingerprint clearance: _____

SCHOOL OR OFFICE PROFILE

Name of School or Office: _____ School Year: _____

Volunteer assigned to: _____ Number of hours assigned: _____

Type of supervision: immediate supervision certificated supervision off-campus non-student only

Administrative Designee:

First Name: _____ Last Name: _____
 Employee Number: _____ Classroom/Office: _____

Principal or District Office Administrator Verification:

I certify that I have reviewed this application, the attached clearances, and approved this volunteer.
 Application denied. *(Please identify reason below.)*
 disruptive person letter on file felony conviction other: *see below*
 Reason: _____

Principal or District Office Administrator:

First Name: _____ Last Name: _____
 Employee Number: _____

[Complete]