

Huntington Beach High School

VOLUNTEER CARD

You must return the completed form to the VIPS coordinator – Tmoore@hbuhsd.edu

Name _____ Home Phone _____

Cell Phone _____ Email _____

Address _____ City _____ Zip _____

Student (s) _____ Grade (s) _____

Talent/Business: _____

I would like to help HBHS students in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Daytime Volunteer | <input type="checkbox"/> Baked Goods/Supplies |
| <input type="checkbox"/> PTSA | <input type="checkbox"/> Grad Nite Committee |
| <input type="checkbox"/> HBHS Foundation | <input type="checkbox"/> Booster Club _____ |
| <input type="checkbox"/> APA | <input type="checkbox"/> Snack Bar _____ |
| <input type="checkbox"/> Activities/Events _____ | <input type="checkbox"/> Other _____ |

Huntington Beach High School

Emergency Information/Volunteers in Public Schools

Volunteer's Legal Name _____ aka _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Doctor's Name _____ Phone _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Do you have any physical condition that would be significant in a medical emergency?

Please list all medications taken regularly: _____

Do you give your permission to be transported by ambulance if necessary? Yes No Blood Type _____

SIGNATURE _____ DATE _____

WAIVER REGARDING EMERGENCY INFORMATION

I hereby waive HBHS & HBUHSD from any responsibility for circumstances arising as a result of incomplete information. I hereby swear that I have never been convicted of a felony or misdemeanor:

Signature _____ Date _____

Please return to HBHS Community Resource Coordinator, Teri Moore 714-536-2514 x4601 tmoore@hbuhsd.edu.

For Office Use:

- Megan's Law TB Test Fingerprint