VOLUNTEER APPLICATION

VOLUNTEER INFORMATION

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Driver's License/State ID: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Cell phone: _____ Home phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Full Legal Name: _____ Relationship: _____

Cell phone: _____ Home phone: _____

Email: _____

VOLUNTEER INTEREST

☐ Elementary School ☐ K-8 School ☐ Middle School ☐ High School

☐ Preschool ☐ Adult Education ☐ District Office ☐ District Wide (Any School)

Preferred School: _____

VOLUNTEER ASSIGNMENT PREFERENCES

☐ Athletics ☐ Career Day ☐ Classroom Support ☐ Clubs

☐ Field Trips ☐ Library ☐ Mentoring ☐ School Events

☐ Office Support ☐ Visual & Performing Arts

☐ Other: _____

VOLUNTEER AVAILABILITY

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hours Available: _____

PREVIOUS VOLUNTEER EXPERIENCE (Optional)

Organization	Position	Dates

Acknowledgements (Please Initial Each Statement)

_____ I have received or will receive the Antioch Unified School District Volunteer Handbook before volunteering.

_____ I understand I must follow all District policies, procedures, and directions from school staff.

_____ I understand I must always maintain appropriate professional boundaries with students.

_____ I understand that student information is confidential and protected by law.

_____ I understand that my volunteer assignment requires TB clearance, fingerprint clearance, or other screening before I begin volunteering.

_____ I understand that I will be required to complete child abuse prevention/mandated reporter training as required by California law and District policy.

Certification

I certify that the information provided on this application is true and complete.

I understand that submission of this application does not guarantee approval to volunteer.

I understand that volunteer assignments are subject to District policies and applicable screening requirements.

Volunteer Signature: _____ Date: _____

DISTRICT USE ONLY

School Site(s) Requested:

Volunteer Level Requested ☐ Level 2 ☐ Level 3

☐ TB Clearance Received

☐ Fingerprints Clearance Received

☐ Mandated Reporter Training Completed

Admin Approval Signature: _____ Date: _____