WALNUT VALLEY UNIFIED SCHOOL DISTRICT VOLUNTEER ASSISTANCE APPLICATION

Applicant's Nam	ne:				
	(Las	st)	(First)	(Middle)	
Address:	(Street)		(C:4. ·)	/7: _~ \	
	(Street)		(City)	(Zip)	
() Home Ph	000	() Cell Phone		() Work Phone	
Home Pir	one	Cell Priorie		Work Priorie	
Date of Birth:		Place of Birth:	(City)	(State)	
			(Oity)	(State)	
(Height)	(Weight)	(Hair Color)	(Eye Color)	(Male/Female)	
Driver License/II	D#:		Expiration Date:		
Do you have a c	child or children cu	urrently enrolled in this	school district?	Yes No	
(Name of School)		(Student)		(Room# or Teacher)	
(Name of School)		(Student)		(Room# or Teacher)	
(Name of School)		(Student)		(Room# or Teacher)	
Emergency Con	ntact:				
(Name)		(Daytime Phone)		(Evening Phone)	
Have you ever b	peen convicted of	a felony or misdemear	nor (except for juver	nile convictions?)YesNo	
If yes, explain in	n full detail (add ad	dditional pages as nece	essary)		
Level:	Approval:	Clea	red:	Date:	

WALNUT VALLEY UNIFIED SCHOOL DISTRICT

VOLUNTEER'S STATEMENT OF COMMITMENT AND RESPONSIBILITIES

As a Volunteer on a Walnut Valle	y Unified School District campu	us, I agree to:
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- Attend orientation or training sessions necessary for my assignment
- Keep school and student information confidential
- Abide by all school rules and Board regulations

Volunteer Signature	Date