## WALNUT VALLEY UNIFIED SCHOOL DISTRICT VOLUNTEER ASSISTANCE APPLICATION

Applicant's Name:				
	(Las	et)	(First)	(Middle)
Address:	(0)		(0)	(7: )
	(Street)		(City)	(Zip)
( )		(		)
Home Phone		Cell Phone		Work Phone
Date of Birth:		Place of Birth:	(C:t. :)	(Ctata)
			(City)	(State)
(Height)	(Weight)	(Hair Color)	(Eye Color)	(Male/Female)
Driver License/ID#:	icense/ID#: Expiration Date:			
Do you have a child	d or children cu	urrently enrolled in this so	chool 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 Contact	t:			
(Name)		(Daytime Phon	ne)	(Evening Phone)
Have you ever beer	n convicted of	a felony or misdemeano	r (except for juveni	le convictions?)YesNo
If yes, explain in full	l detail (add ad	dditional pages as neces	sary)	
Level: A	pproval:	Cleare	ed:	Date:



## WALNUT VALLEY UNIFIED SCHOOL DISTRICT

## **VOLUNTEER'S STATEMENT OF COMMITMENT AND RESPONSIBILITIES**

As a Volunteer on a Walnut Valley Unified School District campus, I agree to:

- 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	

\*\*\*\*\*\* Please provide us a copy of your **driver's license (for classroom & field trip volunteers)** and **TB test (for classroom volunteers).** Parent classroom volunteers can have their pictures taken for ID badges between August 22<sup>nd</sup> – August 26<sup>th</sup> from 8:30 am – 2:00 pm. Applications have to be processed before parents receive the badges to volunteer.\*\*\*\*\*