

HESPERIA UNIFIED SCHOOL DISTRICT VOLUNTEER INFORMATION FORM

TYPE or PRINT using dark ink only. This application must be signed and dated by the volunteer applicant. Please note that this form must be submitted every year at each site where the volunteer wishes to assist.

STUDENT'S NAME: _____ VOLUNTEER SITE: _____

TEACHER'S NAME: _____

VOLUNTEER INFORMATION

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____

DRIVER'S LICENSE # (COPY OF PICTURE MUST BE ATTACHED): _____ DATE OF BIRTH: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

PHONE NUMBER: (home/cell) _____ PHONE NUMBER: (work) _____

In case of emergency, please notify: Name: _____

Phone: _____

() Yes () No Can you perform the essential functions of the volunteer position with or without reasonable accommodations? If you require accommodations, what reasonable accommodations do you require to perform this volunteer position?

() Yes () No Have you ever been convicted of any felony or misdemeanor in any jurisdiction? "Conviction" includes a plea of guilty, nolo contendere (no contest) and/or a finding of guilt by a judge or jury? If yes, please explain on the back of this form.

() Yes () No Have you ever been arrested or convicted of any sex offense?

Applicant's Statement

I certify under penalty of perjury that the answers given herein are true and complete to the best of my knowledge. I **authorize investigation of all statements contained in this form as may be necessary.** I understand that this is not intended to be a contract for employment. I acknowledge that I am required to abide by all the rules and regulations of the State of California and the Hesperia Unified School District and that I am not to commence any Hesperia Unified School District volunteer activity until I have been approved by the Board of Trustees.

Volunteer Signature: _____ Date: _____

Site Administrator's Signature: _____ Approval: ()Yes ()No Date: _____