



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

Attachment A

Los Angeles Unified School District School Volunteer Application

Check One: Parent at Child's School Student LAUSD K-12 Community other Adults
 Staff LAUSD Employee Intern Mentor

School Year 2014-2015 New Volunteer Volunteers Previous School _____

Employee Number if LAUSD Employee _____

Organization/Partnership KIDS HOPE Number of Hours per Week 1

Volunteer Assigned to KIDS HOPE Educational Service Center (ESC) _____

Date of Skin Test _____ Date of X-ray / Doctor's Clearance _____

Date California Megan's Law Database _____ Fingerprint Needed: Yes No

Volunteer Assignment _____ Student Name (if applicable) _____

Volunteer Coordinator Employee # _____ Classroom Number _____

Volunteer Coordinator: First Name _____ Last Name _____

Title Mrs. Ms. Mr. **VOLUNTEER FILL IN INFORMATION BELOW**

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____

Telephone #: Home _____ Cell _____ Work/Business _____

Birth Date _____ Email _____

In case of an emergency, please call:

Contact Name 1 _____ Contact 1 Phone _____

Contact Name 2 _____ Contact 2 Phone _____

How were you Recruited: Newspaper Radio School Flyer TV Internet Other KIDS HOPE

Education _____ Language Spoken _____

Degree Achieved _____ Language Spoken 2 _____

Work Experience _____

Employed? If so where _____ Occupation _____

Volunteer Experiences _____

I can serve Mornings Afternoon Evenings

Days of week I can serve Monday Tuesday Wednesday Thursday Friday

Maximum # of hours I can serve _____

Grade Level: Pre-School & K Elementary (Primary) 1-3 Elementary (Upper) 4-6 Middle High

Special Programs: After School SRLDP Other KIDS HOPE

I would like to volunteer in the following areas: Reading English Social Studies Foreign Language
 Art Library Other KIDS HOPE

Have you ever been convicted of a felony or a crime involving children? Yes No

Date Submitted _____

Created Date _____ Created by _____

Update Date _____ Update by _____

Volunteer's Signature _____ Date _____

Principal's Signature _____ Date _____

Parent Signature (LAUSD K-12 Student Only) _____