HESPERIA UNIFIED SCHOOL DISTRICT VOLUNTEER INFORMATION FORM

TYPE or PRINT using dark ink only. This application <u>must</u> be signed and dated by the volunteer applicant. Please note that this form must be submitted every year.

STUDENTS NAME: V	OLUNTEER SITE:	
TEACHER'S NAME:		
VOLUNTEER'	S INFORMATION	
NAME:		
ADDRESS:		
DRIVER'S LICENSE NO. (COPY OF PICTURE ID MUST BE AT	TACHED): DATE OF B	IRTH
Height: Weight:	Hair Color:	Eye Color:
PHONE NUMBER (HOME): () F	PHONE NUMBER (WORK): ()
In case of emergency, please notify: Name:		_
Phone:		_
 []Yes []No Can you perform the essential functions of the If you require accommodations, what reasonal []Yes []No Have you ever been convicted of any felony guilty, nolo contendere (no contest) and/or a this form. []Yes []No Have you ever been arrested or convicted of a 	ble accommodations do you require or misdemeanor in any jurisdicti finding of guilt by a judge or jury.	e to perform this volunteer position? on? "Conviction" includes a plea of
Applica	nt's Statement	
I certify under penalty of perjury that the answers given authorize investigation of all statements contained in intended to be a contract for employment. I acknowledge State of California and the Hesperia Unified School Distri District volunteer activity until I have been approved by the	h this form as may be necess that I am required to abide by a ict and that I am not to comme	eary. I understand that this is not all the rules and regulations of the
Volunteer Signature:		Date:
Site Administrator's Signature:	Approval: [] Yes [] No	Date:
Forward to Police Dept:		Date:

Police Dept Signature	Reviewed:[] Yes [] No	Date:
Sent to Personnel Date:	Board Approval: [] Yes [] No	Date