



Los Angeles Unified School District School Volunteer Application

PARENT _____ STUDENT* _____ COMMUNITY _____ D.O.V.E.S. ** _____ STAFF: _____ ORG. /PARTNERSHIP: _____
(At Child's School) (LAUSD K-12) (other Adult) (Age 55 +) (LAUSD Employee's) (Other than LAUSD)

TO BE COMPLETED BY LAUSD SCHOOL PERSONNEL OR PARTNERSHIP/ORGANIZATION:

Date application received by coordinator: Month _____ Day _____ Year _____
New Volunteer: _____ Continuing Volunteer Previous School Name _____ Year: _____
If volunteer is a LAUSD employee please submit (his/her) employee number: _____
Organization / Partnerships: _____ Number of Hrs. per week : _____
School volunteer is assigned to: _____ District/Division _____
Date of skin test: Month _____ Day _____ Year _____ / Date of X-Ray: Month _____ Day _____ Year _____
Volunteer's assignment: _____ Classroom number _____
Student name: _____
Volunteer Coordinator: _____

TO BE COMPLETED BY THE PARENT COMMUNITY SERVICES BRANCH:

(by)

Dear potential volunteer,
In order to complete your application, please submit this form with your completed TB results to your school. It is necessary to register all school volunteers with the Parent Community Services Branch so they may be considered for coverage under **LAUSD Workers' Compensation Insurance** policy in case of injury on school premises.

Circle One: Mr. Mrs. Miss Ms. Other: _____ First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Bus. Phone: () _____ Birth Date: _____

In case of an EMERGENCY, please call: _____ Phone: () _____

Two references (No family members):

Name: _____ Address: _____ City: _____ State: _____ Ph: () _____
Name: _____ Address: _____ City: _____ State: _____ Ph: () _____

How were you recruited? Circle appropriate item: Newspaper Radio School Flyers TV Web/Internet Other _____

Education and Experience: _____

Degrees Achieved: _____ Language(s) Spoken: _____

Work Experiences: _____

Employed? If so, employed at _____ Occupation: _____

Volunteer experiences _____

Placement (Please Circle): Where Needed Near Home **I can serve:** Morning _____ Afternoon _____ Evening _____

Days of Week I Can Serve: Mon. Tue. Wed. Thu. Fri. Sat. **Max. # Of Hours per Day I Can Serve:** _____

Volunteer Service (Circle all that apply): I can help with: Reading English Math Social Studies Foreign Language Art Library
Music Science Office Work Computer Other: _____

Grade level: Pre-School & K Elem. (1-3) Elem. (4-5) Middle Sr. High Adults

Special Programs: Adult Ed. After-School Children Center Continuation Special Ed. SRLDP ESL Health Services

Magnet Program Other: _____

School administrators must ensure that persons who volunteer for more than 16 hours per week or serve in an unsupervised capacity complete fingerprinting by the DOJ and FBI prior to beginning assignments or work with students. Volunteers are eligible for service when the school receives a copy of the Volunteer ID card and welcome letter from the Parent Community Services Branch.

The Board of Education of the City of Los Angeles and the California State Board of Education require that all school volunteers and employees be tested for exposure to tuberculosis every four years. In accordance with Health and Safety Code §121545 volunteers must show proof of tuberculosis clearance within six months prior to volunteering. The initial examination must consist of a Mantoux skin test. Volunteers may be tested by their own physician or visit a Los Angeles County Health Center. K-12 LAUSD students are exempt from this TB test requirement.

I certify under penalty of perjury and in conformance with Education Code section §35021 that I am not required to register as a sex offender pursuant to Penal Code section 290. I understand that, in accordance with District policy, school administrators will verify this information via the California Megan's Law database.

My Signature: _____ Date: _____

Principal's signature: _____ School: _____

*Parent's Signature (LAUSD K-12 Students Only): _____