



The School Volunteer Program

Please Check One: PARENT _____ STUDENT* _____ COMMUNITY _____ D.O.V.E.S.** _____ STAFF: _____
(At Child's School) (K-12 LAUSD) (Other Adults) (Age 55+) (LAUSD Employee)

TO BE COMPLETED BY SCHOOL PERSONNEL:
Date application received: Month ____ Day ____ Year ____
New Volunteer: ____ Continuing Volunteer: ____ Previous School Name _____ Year: ____
If Volunteer Is A LAUSD Employee Please Submit (his/her) Employee Number: _____
Assigned School to: _____ District/Division _____
Date of Skin Test: Month ____ Day ____ Year ____ / Date of X-Ray: Month ____ Day ____ Year ____
Volunteer's Assignment: _____ Classroom Number _____
Volunteer Coordinator: _____

TO BE COMPLETED BY THE SCHOOL VOLUNTEER PROGRAMS OFFICE:
Circle: MAILING LIST (date) _____ ID SENT (date) _____ (by) _____

PRINT or TYPE the following information and return to:
Los Angeles Unified School District
School Volunteer Programs
333 South Beaudry Avenue, Suite B2-216
Los Angeles, California 90017
(213) 241-6900 Fax: (213) 241-8974



Circle One: Mr. Mrs. Miss Ms. Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____, State _____ Zip: _____ Phone: () _____

Bus. Phone: () _____ Birth Date: _____
Month Day Year

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

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

Education and Experience:

Grade Level Achieved: _____ Foreign Language(s) Spoken: _____

Work Experiences: _____

Employed? If so, employed at _____ Occupation _____

Retired? If so, retired from _____

Volunteer Experience(s): _____

Placement preference(s) (Please Circle):

Where Needed near Home I can serve: Mornings Afternoon Evenings
Days of the week I can serve: Mon. Tue. Wed. Thu. Fri. Sat. Max. # of hours per day I can serve: _____

Volunteer Service Preference(s) (Circle all that apply):

I can help with: Reading English Math Social Studies Foreign Language Arts Library Music
ROLLING READER Science Office Work Computers Other: _____
Student Age I Prefer: 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 English/2nd Language Health Services Magnets Other: _____

The Los Angeles and the California State Boards of Education require that all school volunteers and employees be tested for possible exposure to tuberculosis every four years. 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. Volunteers whose applications are on file with this office are covered by Worker's Compensation Insurance.

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.

My Signature: _____ Date: _____

Principal's Signature: _____ School: _____

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