Orange Unified School District 1401 North Handy Street Orange, Ca. 92867 714-628-4000

VOLUNTEER ASSISTANCE REQUEST

PERSONAL INFORMATION

Last Name	First Name	M	Middle Name	
Address	City	State	Zip Code	
Home Phone	Cell Phone	E-M	E-Mail Address	
Volunteer Location	:			
DATES				
Beginning: Describe Volunteer Du	Ending:			
Please list names, addresses and telephone numbers of at least two local references who will verify your good character and suitability for providing volunteer services in a school environment:				
Name	Address	Telep	hone No.	
Name	Address	<u>()</u> Teleph	none No.	
-	nployment or volunteer service you have ool environment:		would assist you	
Have you ever been convicted of any sex or drug offense? If the answer is "yes" please write a complete explanation on reverse side. YES NO I understand that volunteers are not compensated, and that I may only provide assistance under the direction and supervision of a teacher/coach/administrator employed by the Orange Unified School District. I further understand that if I am issued any District property during my service, the property will be returned to the Principal/designee at the end of the term of my volunteer service. I understand that my volunteer services are at the discretion of the Board, through its designee, the site principal and that they may be terminated at any time.				
Signature of Volunteer		Date		
Signature of Principal/Designee		Date	Date	