



## VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

16350 Mojave Drive, Victorville, California 92395-3655  
Telephone (760) 955-3201 • Fax (760) 490-0520

### HOOK JR HIGH SCHOOL VOLUNTEER PROGRAM REQUEST FORM

#### COMMUNITY OR PARENT VOLUNTEER COMPLETES THIS PORTION

Parent Name \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
Available Days: \_\_\_ Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat  
Available Times: \_\_\_\_\_

#### SCHOOL ADMINISTRATOR AND VOLUNTEER COMPLETES THIS PORTION

Volunteers may provide assistance in one or more of the following school activities (must indicate):

\_\_\_ Assist with ASB Activities \_\_\_ Chaperone \_\_\_ Yearbook  
\_\_\_\_\_  
(List ASB Activity) \_\_\_ Cadet Corp. \_\_\_ Assist Family Engagement Center  
\_\_\_ Parent Representative on Site and/or District Activities/Committee(s)

\_\_\_\_\_  
**Community / Parent Volunteer Signature** **Date**

\_\_\_\_\_  
**Principal's Signature Only** **Date**

#### PERSONNEL SERVICES OFFICE COMPLETES THIS PORTION

##### Confidential Parent Volunteer Processing Checklist

\_\_\_ Valid California Drivers License or DMV Identification Card (copy attached) \_\_\_\_\_  
\_\_\_ Tuberculosis examination certificate within the four years preceding date VPR form (copy attached) \_\_\_\_\_  
\_\_\_ Volunteer received DOJ Criminal Background Request (Fingerprint form). Print date \_\_\_\_\_  
\_\_\_ Volunteer completed *Confidential Conviction Record Form* \_\_\_ Printed Volunteer Identification Badge  
\_\_\_ Received DOJ Criminal Background Report on \_\_\_\_\_, Personnel Services review by \_\_\_\_\_

\_\_\_\_\_  
**Signature – Superintendent or Designee** **Date**