
DINUBA UNIFIED SCHOOL DISTRICT

TO: VOLUNTEER APPLICANTS
FROM: DINUBA UNIFIED/PERSONNEL DEPARTMENT
SUBJECT: APPROVAL FROM PRINCIPAL TO VOLUNTEER



Dear Volunteer applicant,

Please complete this form and take to the school site where you wish to volunteer. We need to know if the Site Principal has approved for you to volunteer before we begin the application process. If the Principal has signed the application, you will also be **required** to provide the District with a valid Driver License/Id and a valid TB test.

Date: _____ Name of Volunteer Applicant: _____

Address: _____

Phone: _____

School Site where you wish to volunteer: _____

Purpose of Volunteering? _____

Are you related to a student/s at the school site? _____

Name(s) _____

Site Principal provisional approval: yes _____ no _____
(Approval subject to applicant passing the district clearance)

Date: _____ Principal's signature: _____

District Office Response:

Applicant passed legal clearance (Megan's Law): yes ___ no ___ Date: _____



DINUBA UNIFIED SCHOOL DISTRICT
1327 E. El Monte Way, Dinuba, CA 93618

VOLUNTEER PROGRAM

Authorization to Release Information

As an applicant for a position with the Dinuba Unified School District, (hereinafter "District") I am required to furnish information and references for use in determining my qualifications. I understand that the District may conduct an investigation of my work and/or personal history and that it may verify all data given in my application. I further understand that any and all of the references which I have provided to the District, either in writing or otherwise, may be contacted. By signing this release form, I hereby authorize such investigation.

I hereby release the District, previous employers, and/or other references from liability or damage which may result from furnishing the information requested.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Print Name

Signature

Date



VOLUNTEER PROGRAM APPLICATION

Adopt a School Volunteer Program

NAME _____

Last

First

Middle

HOME PHONE _____ WORK PHONE _____

PRESENT ADDRESS _____ HOW LONG? _____

Street

City

PREVIOUS ADDRESS _____ HOW LONG? _____

Street

City

What special skills & qualifications do you have? _____

Prior school district or other organizations you have served? _____

Any previous involvement in a children's program? _____

What office machines can you operate? _____

What foreign languages do you read? _____ Speak? _____

Have you been convicted of a crime? YES NO If yes, when, where, and disposition of case? _____

REFERENCES:

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

Physician _____

Name

Address

Phone

Relative _____

Name

Address

Phone

Signature of Applicant _____

Date _____