



**WESTERN PLACER  
UNIFIED SCHOOL DISTRICT**

600 Sixth Street | Suite 400 Lincoln, CA 95648 | ph 916.645.6350 | fax 916.645.6356

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## Western Placer Unified School District Volunteer Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

School Site(s) \_\_\_\_\_

Volunteer Type (Parent, Foundry, SCHOOLS, Other)

\_\_\_\_\_

Students at site (if applicable): \_\_\_\_\_

*In order to volunteer on any WPUSD school site or to chaperone on any trips, this form must be completed along with a current TB test and cleared Live Scan Fingerprints.*

### To be completed by District Office Staff:

TB Test

Date Read \_\_\_\_\_

Date Expires \_\_\_\_\_

Live Scan

Date sent to live scan \_\_\_\_\_

Date Cleared \_\_\_\_\_