



WESTERN PLACER
Unified School District

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

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 WPUUSD 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 _____