

WESTSIDE UNION SCHOOL DISTRICT

VOLUNTEER INFORMATION SHEET

PLEASE PRINT LEGIBLY

Date: _____

☐ Mr. ☐ Mrs. ☐ Ms.

Last Name First Name

Home Address

City Zip () Phone

Drivers license number: _____ State Issued: _____

List student(s) who attend school at Westside Union School District:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

List two emergency contacts, in case of illness or injury:

Name _____ Phone () _____

Name _____ Phone () _____

As stated in California Education Code Section 35330, I understand that I hold the Westside Union School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in volunteering.

As a volunteer for the Westside Union School District I understand that I need to abide by the all the rules and policies of the District Board of Trustees. I understand the District reserves the right to revoke my clearance for volunteering at anytime.

Signature

Date

OFFICE USE ONLY

Date of TB Risk Assessment
Questionnaire:

Date fingerprinted for
WUSD: