



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 _____

Legal Name _____

Contact Phone Number _____

E-Mail _____

Mailing Address _____

Emergency Contact Name and Phone # _____

School Site(s) _____

Volunteer Type (Parent, Foundry, SCHOOLS, Other - *please specify*)

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 _____