

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
VOLUNTEER ASSISTANCE APPLICATION**

Applicant's Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

() _____ () _____ () _____
Home Phone Cell Phone Work Phone

Date of Birth: _____ Place of Birth: _____
(City) (State)

(Height) (Weight) (Hair Color) (Eye Color) (Male/Female)

Driver License/ID#: _____ Expiration Date: _____

Do you have a child or children currently enrolled in this school district? _____ Yes _____ No

(Name of School) (Student) (Room# or Teacher)

(Name of School) (Student) (Room# or Teacher)

(Name of School) (Student) (Room# or Teacher)

Emergency Contact:

(Name) (Daytime Phone) (Evening Phone)

Have you ever been convicted of a felony or misdemeanor (except for juvenile convictions?) ____ Yes ____ No

If yes, explain in full detail (add additional pages as necessary)

Level: _____ Approval: _____ Cleared: _____ Date: _____

WALNUT VALLEY UNIFIED SCHOOL DISTRICT

VOLUNTEER'S STATEMENT OF COMMITMENT AND RESPONSIBILITIES

As a Volunteer on a Walnut Valley Unified School District campus, I agree to:

- Attend orientation or training sessions necessary for my assignment
- Keep school and student information confidential
- Abide by all school rules and Board regulations

Volunteer Signature

Date