

# Albany USD Volunteer I Information Sheet

Return Information Sheet to school of choice

Please print legibly

Name: \_\_\_\_\_

If related to a child in school  
provide name(s) of students:

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School \_\_\_\_\_

I have read and understand the information in the AUSD Volunteer Handbook. I will follow the guidelines to the best of my ability. I understand that I will not be covered for Worker's Compensation through the Albany Unified School District

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Site Approval \_\_\_\_\_ Date \_\_\_\_\_

## Albany USD Volunteer I Checklist

- \_\_\_\_\_ Contact site of choice for volunteer opportunities
- \_\_\_\_\_ Read and understand AUSD Volunteer Handbook
- \_\_\_\_\_ Submit to school of choice:
  - Volunteer I Information Sheet