



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

This application **must** be entered and approved or denied in the online Volunteer Management System.  
**Volunteers for overnight events must complete this application online and be fingerprinted.**

ATTACHMENT D1

## Los Angeles Unified School District Volunteer Application (Tier II and Tier III Volunteers)



### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Other Names: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

### CONTACT INFORMATION

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_ Contact 1 Phone: \_\_\_\_\_  
 Emergency Contact 2 Name: \_\_\_\_\_ Contact 2 Phone: \_\_\_\_\_

### VOLUNTEER TYPE: (Please check all that apply)

I am a:  New volunteer  
 Returning volunteer

I am a:  parent/legal guardian of a child at this school.  
 I am a:  community member or non-custodial family member.  
 other type of volunteer. Explain: \_\_\_\_\_

I am:  employed by LAUSD. **Employee number:** \_\_\_\_\_  
 I am:  a student at a college or university. **Name of institution:** \_\_\_\_\_  
 I am:  an intern. **Name of institution:** \_\_\_\_\_  
 I am:  employed at a community-based organization. **Name of organization:** \_\_\_\_\_  
 I am:  volunteering in a LAUSD office. **Name of unit/office:** \_\_\_\_\_

I have children attending this school.  yes  no  
 If yes, name(s) of student(s) and birthdate(s): \_\_\_\_\_

### LOCATION PLACEMENT INFORMATION

Have you ever been convicted of a crime involving children?  yes  no  
 If yes, please explain: \_\_\_\_\_

Name of the school or office at which I want to volunteer: \_\_\_\_\_  
*(You must fill out a separate application for every school or office where you want to volunteer.)*



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## AVAILABILITY

I would like to volunteer during the following times and on the following days\*:

- Mornings    Afternoons    Evenings  
 Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Maximum number of hours I can serve each week: \_\_\_\_\_

\* Requested times and days are subject to availability

## VOLUNTEER AREA

I would like to volunteer as a(n):

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Classroom Volunteer   | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Field Trip/Event Chaperone Volunteer | <input type="checkbox"/> One-on-One Tutor*    | <input type="checkbox"/> Overnight Field Trip Chaperone Volunteer* |
| <input type="checkbox"/> Campus Volunteer      | <input type="checkbox"/> Room Parent      | <input type="checkbox"/> Parent and Family Center Volunteer   | <input type="checkbox"/> Cafeteria Volunteer* | <input type="checkbox"/> Student Activities Volunteer*             |
| <input type="checkbox"/> Other (specify) _____ |   |   |   |  |

\*In addition to TB and CA Megan's Law Clearances, fingerprint clearance is required

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Prospective Volunteer's Signature

\_\_\_\_\_  
Date