

**Orange Unified School District
1401 North Handy Street Orange, Ca. 92867
714-628-4000**

VOLUNTEER ASSISTANCE REQUEST

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cell Phone	E-Mail Address	
()	()		

Volunteer Location: _____

DATES

Beginning: _____	Ending: _____
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Describe Volunteer Duties: _____

Please list names, addresses and telephone numbers of at least two local references who will verify your good character and suitability for providing volunteer services in a school environment:

_____	_____	() _____
Name	Address	Telephone No.

_____	_____	() _____
Name	Address	Telephone No.

Please describe any employment or volunteer service you have rendered which would assist you as a volunteer in a school environment: _____

Have you ever been convicted of any sex or drug offense? If the answer is “yes” please write a complete explanation on reverse side. **YES** _____ **NO** _____

I understand that volunteers are not compensated, and that I may only provide assistance under the direction and supervision of a teacher/coach/administrator employed by the Orange Unified School District. I further understand that if I am issued any District property during my service, the property will be returned to the Principal/designee at the end of the term of my volunteer service. I understand that my volunteer services are at the discretion of the Board, through its designee, the site principal and that they may be terminated at any time.

_____	_____
Signature of Volunteer	Date

_____	_____
Signature of Principal/Designee	Date