



Washington Unified School District VOLUNTEER INFORMATION SHEET

The school site shall retain a copy of this form and send the original, along with the volunteer,
to the Personnel Department at the District Office.

LEGAL NAME OF VOLUNTEER: _____				
	LAST		FIRST	
ADDRESS: _____				
	STREET	CITY	STATE	ZIP
HOME PHONE: _____		CELL. PHONE: _____		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BIRTHDATE: _____		
STUDENT NAME: _____				
	LAST		FIRST	
RELATIONSHIP TO STUDENT: _____				
REASON FOR VOLUNTEERING: _____				
VOLUNTEER SITE: _____		START DATE: _____		
VOLUNTEER SIGNATURE: _____			DATE: _____	

SITE REPRESENTATIVE SIGNATURE: _____	DATE: _____
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-----Personnel Department Use Only-----

<p><u>HUMAN RESOURCES CONTACT INFORMATION:</u></p> <p>Elaine Stall Administrative Secretary, Human Resources 930 Westacre Road West Sacramento, CA 95691 916-375-7604 ext. 1045</p>
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<p><u>HR Use Only:</u></p> <p>Live Scan Issued: _____</p> <p>Live Scan Received: _____</p> <p>Handbook Issued: _____</p> <p>TB Clearance Received: _____</p>

HR APPROVAL SIGNATURE: _____	DATE: _____
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