

**Community Relations
VOLUNTEERS**

E(3) 1240

**SAN LEANDRO UNIFIED SCHOOL DISTRICT
Application for Volunteers**

For Office Use Only	
ML _____	_____
Date	Initials
TB _____	_____
Date	Initials

Please Check: Returning _____ New: _____

Date of Application: _____ School _____

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell #: _____

Email address: _____ Date of Birth: _____ Driver's License #: _____

Emergency Contact: _____
Name Phone Number

Are you a parent/legal guardian of a student attending San Leandro USD schools? Yes No

Organization Represented (if applicable) _____

Are you fluent in languages other than English? Yes No Language: _____

I am available to volunteer (please list hours available):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Check Grade Level/Program Preferred:
 Pre-Kindergarten High School
 Middle School (6-8) After-School Program
 Special Education Adult School
 Elementary (K-5)

Please notify the following school sites of my volunteer status: _____

I hereby certify that all statements in this application are true and correct, and I agree and understand that misstatements or omissions of materials or facts herein may forfeit my rights to volunteer. I agree to allow staff to check the references listed above. I understand that volunteer assignments may be terminated at any time.

Signature of Applicant: _____

DEMOGRAPHICS (OPTIONAL)	
Sex: _____ Male _____ Female	
Ethnic Group _____ African American _____ Asian/Pacific Islander _____ Latino	
_____ Caucasian _____ Multi-Racial _____ Other _____	
Education Level: _____	_____ College Degree (if applicable)
Highest Level of Education	