LOS ANGELES UNIFIED SCHOOL DISTRICT
Kenter Canyon Elementary School
645 North Kenter Avenue Los Angeles, California 90049
T (310) 472-5918 F (310) 472-9738

Ms. Michelle King
Superintendent
of Schools

Ms. Cheryl Hildreth
Local District West
Superintendent

Dr. Terry L.Moren
School Principal

Los Angeles Unified School District
Volunteer Application

PART A: *To be completed by applicant*

[ ] New Volunteer
[ ] Continuing Volunteer

You will be identified by your birthdate and Volunteer Identification (ID) Number.			
Birthdate:		Volunteer ID Number:	

If continuing, please list the office(s) or school(s) where you have volunteered: _____

MY PROFILE

First Name: _____ Middle Name/Initial: _____
Last Name: _____ Other Names: _____

TYPES OF VOLUNTEERS: (Please check the all that apply)

I am a: [ ] parent/legal guardian of a child at this school.
I am a: [ ] community member or non-custodial family member.

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: [ ] not volunteering in a school or office. **Name of unit/office:** _____

CONTACT INFORMATION

Address: _____
City: _____ State: _____ Zip: _____
PHONE
Home: _____ Cell: _____ Work: _____
EMAIL: _____

Emergency Contact 1 Name: _____ Contact 1 Phone: _____
Emergency Contact 2 Name: _____ Contact 2 Phone: _____

Are you employed? [ ] yes [ ] no
If so, where? _____
Occupation: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
Kenter Canyon Elementary School
645 North Kenter Avenue Los Angeles, California 90049
T (310) 472-5918 F (310) 472-9738

Ms. Michelle King
Superintendent
of Schools

Ms. Cheryl Hildreth
Local District West
Superintendent

Dr. Terry L.Moren
School Principal

Relevant Skills (*optional*): _____

Do you need any health accommodations? (*optional*): _____

DEMOGRAPHIC DATA (*optional*)

Ethnicity: [ ]Hispanic/Latino [ ]African American [ ]American Indian/Alaskan Native [ ]Asian [ ]Tahitian
[ ]Asian Indian [ ]Cambodian [ ]Filipino [ ]Hmong [ ]Japanese [ ]Korean [ ]Laotian
[ ]Vietnamese [ ]Other Pacific Islander [ ]Guamanian [ ]Chinese [ ]Other Asian [ ]Samoan
[ ]Hawaiian [ ]Caucasian/White

Gender: [ ]Male [ ]Female

Languages Spoken: [ ]English [ ]Spanish [ ]Korean [ ]Armenian [ ]Filipino [ ]Other (specify)_____

Level of Education: _____

SCHOOL VOLUNTEER PLACEMENT INFORMATION

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.*)

I have children attending this school. [ ] yes [ ] no

If yes, name(s) of student(s) and birthdate(s): _____

I want to volunteer during the following days and times:

[ ] Mornings [ ] Afternoons [ ] Evenings

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday

Maximum number of hours I can serve each week: _____

(*Note: If you volunteer more than 16 hours per week, you **MUST** be fingerprinted.*)

Have you ever been convicted of a crime involving children? [ ] yes [ ] no

If yes, please explain:

I would like to volunteer in the following areas:

[ ] Classroom	[ ] Library	[ ] Cafeteria	[ ] Supervision	[ ] Breakfast in the Classroom
[ ] Parking Valet	[ ] After school	[ ] SRLDP	[ ] Intern	[ ] Mentor / Tutor
[ ] Off campus	[ ] Other (specify)	_____		

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

LOS ANGELES UNIFIED SCHOOL DISTRICT
Kenter Canyon Elementary School
645 North Kenter Avenue Los Angeles, California 90049
T (310) 472-5918 F (310) 472-9738

Ms. Michelle King
Superintendent
of Schools

Ms. Cheryl Hildreth
Local District West
Superintendent

Dr. Terry L.Moren
School Principal

PRINT FIRST AND LAST NAME _____ **SCHOOL or OFFICE NAME** _____

VOLUNTEER COMMITMENTS

I agree to abide by the following:

1. I will sign in at the main office upon arrival and sign out when I leave for the day.
2. I will wear my volunteer identification badge at all times while participating in volunteer activities.
3. Except in the case of an emergency, I will give 24 hours notice when I cannot keep a scheduled assignment.
4. I will follow the dress code of the school or office.
5. I will only use the adult bathroom facilities.
6. I will never be alone with individual students unless supervised by a teacher or other school staff.
7. I will not contact students outside of school hours, or exchange contact information, without the permission of the school staff and the student's parents.
8. If I have reason to suspect child abuse, I will report this immediately and confidentially to the principal.
9. I will treat all students, families, and employees with respect regardless of their race, gender, class, religion, sexual orientation, gender identity, disability, or immigration status.
10. I will treat all children and persons equally.
11. I will not share confidential information with anyone inside or outside of the school or office without the permission of the principal or other administrator.
12. I will report children's behavior problems to the teacher or other supervising school personnel.
13. I will respect the authority of all school and office personnel.
14. I will learn the rules regarding drills and emergencies and follow the direction of District office or school staff.

_____ _____
Volunteer's Signature Date

_____ _____
Principal's Signature Date

LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

Los Angeles Unified School District
TUBERCULOSIS PHYSICIAN/CLINIC FORM

Dear Volunteer:

You must be free of active tuberculosis (TB) before you start volunteering. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived by the agency. If denied a waiver, you are still responsible for any costs incurred.

_____ _____
Principal or District Office Administrator Signature Date

School or Office _____

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name _____ Date of Birth _____

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

_____ TB Risk Assessment Questionnaire administered by a licensed health care provider
_____ MANTOUX Skin Test (5 TU PPD)
_____ CHEST X-RAY (Acceptable only if MANTOUX positive)

Date Given: _____ Date Read: _____ Date of X-Ray: _____
Given by: _____ Result (mm): _____

X-Ray Impression: _____
History of positive MANTOUX: _____

_____ _____
Signature of Physician/RN Date

Print Name of Physician/RN: _____ Degree: _____ State License Number: _____
Business Address: _____
Business Telephone: _____