

**ORANGE UNIFIED SCHOOL DISTRICT
VOLUNTEER ASSISTANCE REQUEST**

Print/type: _____
Name of Volunteer Volunteer Location

Dates: _____ to _____
Beginning Date Ending Date

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:

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