



# WASHINGTON UNIFIED SCHOOL DISTRICT

## ***Becoming a Volunteer***

**1**

**\* Pick up the Volunteer Application at your child's school & complete form**

**(make sure you obtain a signature from an Administrator)**

**2**

**\* Return the Volunteer Application, Copy of ID and Negative TB Test Results/Chest X-ray to Human Resources.**

**930 Westacre Road, West Sacramento, 95691**

**Mon-Fri: 8:00am- 4:00pm**

**3**

**\* Once documents are received the District will provide you with a Livescan Form.**

**Service will be free at the UPS Store on:**

**813 Harbor Blvd, West Sacramento, 95691**

***Human Resources will contact you when you've been cleared to start volunteering***

***Thank you for your interest in being a volunteer!***

Questions? Contact Alex E. Perez at (916) 375-7600 ext.1045 or [aperez@wusd.k12.ca.us](mailto:aperez@wusd.k12.ca.us)



# VOLUNTEER APPLICATION

As part of the pre-volunteer process, you are required to undergo a criminal background investigation, provide us with copy of driver's license/ID and Tuberculosis clearance.

*You are not authorized to volunteer on any campus until the mandatory requirements have been fulfilled.  
Human Resources will call or email you when approved.*

## PERSONAL INFORMATION:

Last Name	First Name	Middle Initial	Birthdate
Address		City	State Zip
Home Phone	Cell Phone	E-mail Address	
In Case of Emergency Notify: Name		Relation to you:	Phone Number
Name		Relation to you:	Phone Number
2. Subject to any conditions that may result in an emergency (ex: allergies to food, meds, etc.)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Other known problems or medic alert information?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES to 2, and/or 3, please fully explain in the space below.			

## VOLUNTEER AREAS:

<input type="checkbox"/> Student Teacher/Social Work/Counseling Intern (Circle and list below)		
<input type="checkbox"/> Parent (list your school information below)		
<input type="checkbox"/> Other:		
<b>Please indicate your school(s) of interest, child(ren) attending the name(s) or Mentor below:</b>		
School/Site:	Student Name/ Mentor Teacher/ N/A	Grade
School/Site:	Student Name/ Mentor Teacher/ N/A	Grade
School/Site:	Student Name/ Mentor Teacher/ N/A	Grade

*Thank you for your interest in becoming a volunteer for our District. Your time, support and dedication are vital to our District Community.*

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

_____ <b>Human Resources Staff</b> _____ <b>Date</b>
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**Please contact Alex Perez in the Human Resources Department for further information or any questions you may have at:  
916.375.7600 x1045 or [aperez@wusd.k12.ca.us](mailto:aperez@wusd.k12.ca.us)**