CALAVERAS UNIFIED SCHOOL DISTRICT
COACH (PAID OR UNPAID) AND
VOLUNTEER INFORMATION FORM

__ Volunteer in classroom **___ Chaperone**

Check One:

__ **Supervised, Unlikely to be Alone with Students**: Completion of the district volunteer information form and a Valid TB Clearance

__ **Unsupervised, or Likely to Be Alone with Students or overnight field trip**: Complete of the district volunteer information form a valid TB clearance; fingerprint clearance from the Department of Justice .

Current board policy does not obligate DOJ fingerprint clearance for volunteer parents and legal guardians participating in school related activities at their child's school site. If you are an overnight volunteer chaperone, DOJ fingerprint clearance must be processed and cleared.

No volunteer may provide services unless and until
the appropriate forms are approved by the district office

NAME: _____SITE:_____

HOME ADDRESS (PHYSICAL):_____Mailing:_____

MAILING ADDRESS:_____

HOME PHONE:_____CELL PHONE:_____

Provide a brief description of services to be performed:_____

_____

Staff Supervisor:_____

TB Test Valid Through:_____ (4 years from date tested) **ATTACH COPY**

_____ _____
Principal's Approval/Signature Date

FOR DISTRICT OFFICE USE ONLY

FOR OVERNIGHT CHAPERONE, UNSUPERVISED OR LIKELY TO BE ALONE WITH STUDENTS

Department of Justice Clearance: _____

_____ _____
Personnel Office Approval Date