

**KEYES UNION SCHOOL DISTRICT**

Board Policy

**ADMINISTRATIVE REGULATION**

Community Relations

**APPLICATION FOR PLACEMENT IN  
VOLUNTEER ASSISTANCE POOL**

NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street (and) PO Box City Zip

PHONE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Children attending Keyes School:**

NAME	GRADE	TEACHER

In what capacity are you interested in serving as a volunteer? (Mark all that apply)

Please mark how many days you are willing to serve as a volunteer in each marked categories.

Office/ clerical	
Classroom assistance	
Playground/cafeteria assistance	
Facilities Project assistance	
Field Trip (school or evening hours)	Date: _____
Field Trip (overnight excursion)	Date: _____
Other:	

**\* A TB & Megan's Law clearance is required for all in classroom volunteer applicants.\***

**\*Only Megan's Law clearance is required for field trips.\***

\_\_\_\_\_  
Volunteer Name (Print) Volunteer Signature Date of Application

\_\_\_\_\_  
Site Administrator Approval Date

<b>D.O. use only:</b>		
_____ TB clearance	Date: _____	Expiration Date: _____
_____ Megan's Law Clearance	Completed by: _____	
_____ Date of Field Trip/activity		