



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT D1

AVAILABILITY

I would like to volunteer during the following times and on the following days*:

- Mornings Afternoons Evenings
 Monday Tuesday Wednesday Thursday Friday Saturday

Maximum number of hours I can serve each week: _____

* Requested times and days are subject to availability

VOLUNTEER AREA

I would like to volunteer as a(n):

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Classroom Volunteer | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Field Trip/Event Chaperone Volunteer | <input type="checkbox"/> One-on-One Tutor* | <input type="checkbox"/> Overnight Field Trip Chaperone Volunteer* |
| <input type="checkbox"/> Campus Volunteer | <input type="checkbox"/> Room Parent | <input type="checkbox"/> Parent and Family Center Volunteer | <input type="checkbox"/> Cafeteria Volunteer* | <input type="checkbox"/> Student Activities Volunteer* |
| <input type="checkbox"/> Other (specify) _____ | | | | |

*In addition to TB and CA Megan's Law Clearances, fingerprint clearance is required

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