



Human Resources Divisions
 1515 West Mission Road
 Alhambra, CA 91803

AUDS Volunteer Annual Site Registration Form

Date: _____

School/Location: _____

(Oct 2012, Rev. August 18, 2020)

First Name (Please PRINT)	Middle Initial	Last Name	Gender (Circle one) Male Female	Address: (Number/Street) (Apartment) (City) (Zip Code)	Home Phone:
In case of an EMERGENCY please contact: Name: _____ Phone Number: _____ Relationship: _____			Children Currently Attending AUDS: Name(s) Grade Room		Please "X" your Interest: ___ I wish to only volunteer in events/activities my child is involved in. ___ I wish to volunteer in school events/activities as needed.
Mon	Tue	Wed	Thu	Fri	(Other)
Education/ESSA Requirement (Circle one): HS _____ Some College _____ A.A. _____ B.A./B.S. _____ M.A./M.S. _____ Ed.D./Ph.D. _____ Other: _____ Previous volunteer experience:				Fluency in Language(s) – Other than English:	
				Language(s) Speak Read Write	

Thank you for your willingness to volunteer to help our students. To ensure the safety of students, the Board of Education of the Alhambra Unified School District requires *all* volunteers to comply with Board Policy (BP1240) and Administrative Regulation (AR1240). Please read and initial the following statements:

(1) The Alhambra Unified School District believes every student should be able to enter a learning environment free from crime, violence, drugs and abuse. The District reserves the rights to screen volunteer applications for any record of criminal history.	<i>Initial</i>
(2) I understand school volunteers are required to sign-in and out each day and to have current and satisfactory T.B. test result before starting volunteer service. A copy of my T.B. test results will be provided to the school/district office as soon as possible.	<i>Initial</i>
(3) I certify under penalty and perjury and in conformance with Ed. Code Section 35021 that I have not been required to register as a sex offender pursuant to Penal Code Sections 290 and 290.4.	<i>Initial</i>
(4) I understand that the Principal has the discretion to approve or disapprove volunteers and volunteer assignments.	<i>Initial</i>

Volunteer Signature: _____ Date: _____

For School/District Use Only

School Verification				
Activities	Date	Verified by (Name/Initial)	Copies on file	Principal's (or Designee's) Signature/Initial
T.B. Clearance				
Educational Level (circle one) HS AA BA/S MA/S EdD/PhD				
Assignment/Placement Notes				