

LOS GATOS UNION SCHOOL DISTRICT 2021-2022

Volunteer Information Form

Location: _____ Teacher: _____

Student's Name: _____ Grade: _____

Your Name: _____ Date of Birth: _____

Home Address: _____
Number Street City Zip

Preferred Phone Number: _____ Cell or Home (circle one)

Email Address: _____ @ _____

Volunteer agreements:

- Volunteers are to implement instructions given by the teacher.
- Volunteer time is not to be used to discuss their own or another child's progress.
- Volunteers shall not discuss any student's behavior or progress, staff member performance, or things they have been privy to at school with others outside of school.
- Volunteers cannot take photos without staff permission.
- Volunteers are requested to use their phones out of sight of students when possible.

Brief description of work to be performed:

Estimated number of hours/days during the school year: _____

Reviewed by: _____
Office Representative Date

For Office Use Only

Approved _____ Not Approved _____

Date of TB Expiration: _____ Date of Vaccination: _____

Authorized to volunteer for the _____ school year.