

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

**VOLUNTEER INFORMATION FORM**

Site: \_\_\_\_\_ School Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Description of services to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff contact/supervisor: \_\_\_\_\_

\_\_\_\_\_  
Principal's Approval (or delegate) \_\_\_\_\_ Date \_\_\_\_\_

*FOR DISTRICT OFFICE USE ONLY*

\_\_\_\_\_ Fingerprint clearance on file

\_\_\_\_\_ TB test submitted. Valid through \_\_\_\_\_

\_\_\_\_\_  
Personnel Office Approval \_\_\_\_\_ Date \_\_\_\_\_

**Note: Volunteers may not provide services until this form is completed and on file in the principal's office.**