



Santa Barbara Unified School District

720 Santa Barbara Street, Santa Barbara, CA 93101 Phone 805-963-4338, TDD 805-966-7734, Fax 805-962-3146
www.sbsdk12.org

SCHOOL VOLUNTEER REGISTRATION FORM

Volunteer Activity: _____ School Site: _____

Name: _____
Last First Middle Initial

Mailing Address: _____
Street/P.O Box City State Zip

Primary Phone () _____ Other Phone () _____

Do you have a child attending this school? Yes No

Have you ever been *employed* by the Santa Barbara Unified School District? Yes No

If yes, what position(s), when and where: _____

Have you ever been a *volunteer* for the Santa Barbara Unified School District? Yes No

If yes, what position(s), when and where: _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No If yes, please explain in detail including date(s):

Please read and sign:

I hereby certify that all statements on this information sheet are true and complete to the best of my knowledge and belief. I will be considered a volunteer only during the time and as requested by the supervising official for each specific volunteer assignment. I understand that all involvement with students, during the volunteer assignment is restricted to the school day, on school grounds or at a school-sponsored activity. I understand that I may need to be tested for verification of freedom from TB and may be required to be fingerprinted.

Volunteer Signature: _____ Date: _____

Exhibit: SANTA BARBARA UNIFIED SCHOOL DISTRICT
Version: August 26, 2008 Santa Barbara, California

Volunteer Assistance – Exhibit 1240 (1)