

SCHOOL VOLUNTEER REGISTRATION

Name _____ Date _____
Last Name First Name

Student's Name _____ Teacher _____

Address _____
Street City Zip Code

Telephone:

Home _____ Work _____ Cell _____

TB test verification (good for four years – state law requirement) _____
Enter date of TB test

Statement of Commitment:

As a volunteer working at Vallecitos School, I agree to:

- Sign in and out at the school office
- Wear a school badge at all times while on the school campus
- Attend orientation or training sessions that may be necessary to help me in my job
- Abide by all school rules and Board of Education Policies and Regulations which are applicable to me
- Honor the commitment to work as scheduled
- Keep school information confidential
- If I must be absent from a scheduled commitment, I will try to find a substitute or notify the teacher in a timely manner

I hereby certify that I will abide by the above school rules and regulations. I also attest under penalty or perjury that I am not registered as an offender under Megan's Law.

Signature _____ Date _____