

**SALINAS UNION HIGH SCHOOL DISTRICT**

431 West Alisal Street  
Salinas, California 93901

**VOLUNTEER WORKERS - APPLICATION**

1. I, \_\_\_\_\_, hereby volunteer my services as a volunteer  
Name of Volunteer Applicant  
worker at \_\_\_\_\_ as a \_\_\_\_\_  
School/Division Job Title

2. Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Work Hours: From \_\_\_\_\_ To \_\_\_\_\_  
Department working for \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_

3. I understand that should I accept this assignment
- a. I have the same duty to the school as a paid employee of the school working under the supervision of the principal.
  - b. If I willingly neglect or ignore the advice or direction of the certificated personnel, or if I discharge duties beyond the described responsibility without the knowledge or permission of the certificated personnel in charge, I may be personally liable for any damages or injury resulting from that commission or omission.

\_\_\_\_\_  
Volunteer Applicant Signature / Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone and/or Cell Number

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Emergency Contact / Relationship

\_\_\_\_\_  
Telephone Number

4. A job description outlining the duties for which you have volunteered is attached and made a part of this document.

5. Board Policy 4151.11 and Administrative Regulation 4151.11 provide that under certain circumstances volunteers may be provided with worker’s compensation insurance coverage for injury sustained “on the job”.
6. Such insurance coverage is subject to the volunteer’s acceptance by the school principal, application completion, and approval by the Associate Superintendent of Human Resources or designee.
7. Have you ever been convicted of any offense?  YES  NO REQUEST CONFERENCE \_\_\_\_\_  
Are you currently under charges for any offense against the law?  YES  NO  
You may omit traffic violations for which you were fined less than \$250.00. Conviction record will not necessarily be a bar from employment. If you answered yes to the above questions, you will need to speak with the Assistant Superintendent of Human Resources or his designee.

8. This volunteer is accepted.

\_\_\_\_\_  
Signature of Principal or Designee

\_\_\_\_\_  
Date

9. This volunteer is accepted.

\_\_\_\_\_  
Signature of Assistant Superintendent of Human Resources or Designee

\_\_\_\_\_  
Date

Distribution:  
White – Human Resources  
Canary – School Principal  
Pink – Volunteer

**ALL VOLUNTEERS MUST HAVE FINGERPRINT AND TB CLEARANCE BEFORE VOLUNTEER DUTY.**

**TB Clearance Date:** \_\_\_\_\_

**Fingerprint Clearance Date:** \_\_\_\_\_