NORTHERN HUMBOLDT UNION HIGH SCHOOL DISTRICT
VOLUNTEER REGISTRATION FORM
2018-2019 SCHOOL YEAR

____ **NEW VOLUNTEER**
____ **RETURNING VOLUNTEER**

Name: _____
(First) (Last)
Home Phone: _____ Work Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____

List what you are interested in volunteering for: _____
_____

Provide the names of three people who could act as references for you. Please include their phone number. _____ Phone _____
_____ Phone _____
_____ Phone _____

Please list any special training or educational classes you have had that may benefit you in your volunteer services with our school: _____
_____

Please list any physical or medical condition that may inhibit full participation in our school environment: _____
_____

Please list days and exact hours you would be available to volunteer: _____
_____

HAVE YOU BEEN CONVICTED OR ARRESTED PREVIOUSLY? ( ) YES ( ) NO
IF YES, WHEN AND WHY: _____
_____

_____ _____
(Date) (Signature)

==========

School: ___ Arcata High School ___ McKinleyville High School ___ Adult Education ___ CDS

Date of Initial Conference with Immediate Supervisor: _____

Supervisor's Name: _____ Principal's Approval: _____
OR Athletic Director
General Description of Service/Performance: _____
_____

Estimated Duration of Volunteer Service (e.g., month, one semester, etc.): _____
_____

==========

VOLUNTEERS ARE NOT TO BEGIN UNTIL TB CLEARANCE AND LIVESCAN HAS BEEN RECEIVED IN DISTRICT OFFICE.

TB Clearance: _____ Livescan Received: _____