ATTACHMENT B

Los Angeles Unified School District
Volunteer Application, PART B

PART B: *To be completed by school or office personnel*

HEALTH/SAFETY CLEARANCES

Date of TB skin test: _____ Date of CA Megan's Law review: _____
Date of X-ray: _____ Fingerprinting needed? [ ] no [ ] yes
Doctor's clearance: _____ Date of fingerprint clearance: _____

SCHOOL OR OFFICE PROFILE

Name of School or Office: _____ School Year: _____

Volunteer assigned to: _____ Number of hours assigned: _____

Type of supervision: [ ] immediate supervision [ ] certificated supervision [ ] off-campus non-student only

Administrative Designee:

First Name: _____ Last Name: _____
Employee Number: _____ Classroom/Office: _____

Principal or District Office Administrator Verification:

[ ] I certify that I have reviewed this application, the attached clearances, and approved this volunteer.
[ ] Application denied. (*Please identify reason below.*)
[ ] disruptive person letter on file [ ] felony conviction [ ] other: *see below*
Reason: _____

Principal or District Office Administrator:

First Name: _____ Last Name: _____
Employee Number: _____

[Complete]