



# ORCUTT UNION SCHOOL DISTRICT

## CLASSROOM VOLUNTEER SCREENING FORM

The Orcutt School District acknowledges the importance of volunteers who support our students in their educational programs. To insure our students' safety, the district recognizes its responsibility and requests that you complete the following requirements prior to your volunteering. (Please allow a week for verification of information.)

Please return the completed form to the school office along with photo identification.

*Please Print*

**School Site:** \_\_\_\_\_

**Classroom Volunteer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Drivers License Photo on file (attached to back of this sheet)\***  Yes  No  
\*This will be used to check the Megan's Law website

**Do you have a student at this site?**  Yes  No

**If yes – Student Name:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Do you plan to volunteer at another Orcutt Union School District school?**  Yes  No

**If yes – School Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*District Use Only*

**On Megan's Law website:**  Yes  No **Restrictions:**  Yes  No

**Comments:** \_\_\_\_\_

Verified By:	Date:	Verified By:	Date:	Verified By:	Date: