

San Bruno Park School District

NON-DRIVER VOLUNTEER FORM

School: _____

School Year: _____

PARENT/GUARDIAN NAME: _____

(Please clearly print first and last name.)

STUDENT'S NAME: _____

(Please clearly print first and last name.)

PROPOSED ACTIVITIES:

___ Classroom Volunteer, ___ hours per week: _____

___ T.B. Test ___ Background Check/Fingerprints ___ Other: _____

I understand that I agree to and am authorized to serve as an unpaid volunteer for the San Bruno Park School District as per Education Code Section 35021 and as indicated above.

Signed: _____ Date: _____

(Applicant)

Approved: _____ Date: _____

(Principal)

Accepted: _____ Date: _____

(Superintendent)

Date of Board Approval: _____

Updated: 9/6/09