

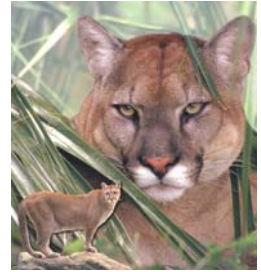
# YOSEMITE UNIFIED SCHOOL DISTRICT

## *Coarsegold Elementary School*

45426 Road 415 Coarsegold CA, 93614

(559)683-4842 📠 FAX (559)683-2625

REQUEST TO ASSIST AS VOLUNTEER



Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Area Requested for Volunteer Services (if known) \_\_\_\_\_  
\_\_\_\_\_

I understand that all campus volunteers must be screened through the Megan's Law Website or with a LiveScan Fingerprint clearance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### FOR OFFICE USE ONLY:

TB Test complete

Fingerprints/DOJ/Website clearance complete

Approved

Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date