

# VOLUNTEER APPLICATION FORM

The information you provide on this form is confidential.

SCHOOL YEAR: 2016 - 2017



## Contact Info

Name (First, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

## Personal Info

Date of Birth \_\_\_\_\_ ☐ Female ☐ Male Languages other than English \_\_\_\_\_

I am currently enrolled in school at \_\_\_\_\_ Grade \_\_\_\_\_

Education (Highest grade completed) \_\_\_\_\_ Diploma/ Degree \_\_\_\_\_

## Volunteer Info

How did you hear about LA's BEST? \_\_\_\_\_ Were you previously an LA's BEST student? ☐ Yes ☐ No

Available days (Check all that apply) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Weekends for special events

Available hours (Check all that apply) ☐ 3 - 4pm ☐ 4 - 5pm ☐ 5 - 6pm ☐ Weekends (times vary)

Preferred location (Or specific LA's BEST site if known) \_\_\_\_\_

I am interested in volunteering as (Please check one)

- ☐ Homework Helper - Academic assistance during the homework hour
- ☐ Activity Assistant - Assist with sports, arts and crafts, and other non-homework activities
- ☐ General Volunteer - Participate as an academic and activity assistant in ALL scheduled LA's BEST activities
- ☐ Special Events - Provide general assistance as needed at special events on weekends or evenings

I understand that the Los Angeles and California State Boards of Education require that all school volunteers and employees be tested for possible exposure to tuberculosis every four years. Volunteers who are not LAUSD students must show proof of tuberculosis clearance within six months prior to volunteering. Effective January 1, 2015, an Adult TB Risk Assessment will be the primary method used as proof of tuberculosis clearance. Individuals may still submit current results from Tuberculin Skin (PPD) or Blood (IGRA) Tests. Result from chest X-Ray is acceptable only if the PPD or blood test is, or has ever been, positive.

I certify under penalty of perjury, and in conformance with Education Code section 35021, that I am not required to register as a sex offender pursuant to Penal Code section 290.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (Print. Required if you are a minor, age 17 and under) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO SUBMIT APPLICATION:** Please fax completed form to 800.267.0342 -OR- scan and email to: [lynetteb@lasbest.lausd.net](mailto:lynetteb@lasbest.lausd.net)  
- OR - return via mail to: LA's BEST/LAUSD, 711 East 14th Place, Los Angeles, CA 90021, Attn: Director, Volunteer Program  
If you have any questions, please call 213.745.5931.