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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Community Volunteer Application** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE RETURN TO:** | | | | | | | | | | | | | **OFFICE USE ONLY** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Assign To: | | | | | | | | | | | | | |
| School: | | | | | | | | | | | | | |
| Region: | | | | | | | | Date of Application: | | | | | |
| **SKIN TEST OR X-RAY** | | | | | | | | | | | | | |
| Number: | | | | | | | | | Date: | | | | |
| Mailing List  I.D. Sent | | | | | | | | | | | | | Volunteer Coordinator: | | | | | | | | | | | | | |
| **Please read carefully and fill in completely.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Mr.  Mrs.  Miss.  Ms. | | | | | | | | |  | | | | | | | | | | | | | | Age: (optional) | |  |
| School Site: | |  | | | | | | | | | | | | | Teacher Name: | | | | |  | | | | | | |
| Home Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | |  | | | | | | | | | | | Work Phone: | | |  | | | | | | | | | |
| **In case of emergency, notify:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | Phone: | | |  | | | | | | | | | |
| Address:: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Two references (not relatives): | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | 2. | | | | | | | | | | | | |
| I heard about the school volunteer program from: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Have car  Use bus only | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use freeways  Other travel arrangements: | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Use surface streets only | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION AND EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade level achieved: | | | | | | | | Foreign language spoken: | | | | | | | | | | | Work experience: | | | | | | | |
| Now employed at: | | | | | | | | | | | | | | Volunteer experience: | | | | | | | | | | | | |
| **PLACEMENT PREFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Willing to go where needed | | | | | | Can serve: | | | | | morning | | | Days I can serve: | | | | | | | | | Maximum hours / days: | | | |
| Near home | | | | | | afternoon | | | | | Saturday | | |  | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | |
| **VOLUNTEER SERVICE PREFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Help with:** | | | | |  | | | | | | | **Student age:** | | | | **Special Programs:** | | | | | | | | |  | |
| Reading | | | | | Arts/ crafts | | | | | | | Preschool | | | | Adult Education | | | | | | | | | Health services | |
| English | | | | | Library | | | | | | | Elementary (1-3) | | | | Adult-school programs | | | | | | | | | Homemaking | |
| Math | | | | | Music | | | | | | | Elementary (4-6) | | | | Children center | | | | | | | | | Magnets | |
| Social Science | | | | | Science | | | | | | | Junior High | | | | Continuation | | | | | | | | | Preschool / kindergarten | |
| Foreign Language | | | | | Office work | | | | | | | Senior High | | | | Disabled | | | | | | | | | Other: | |
| Arts | | | | | Other | | | | | | | Adults | | | | English as a second language | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To protect the good health of students throughout the school district, the San Bernardino and California State Boards of Education require that all school volunteers and employees be tested for possible exposure to tuberculosis every four years. Volunteers may be tested by their own physician or visit a San Bernardino County Health Center. Volunteers whose applications are on file with this office are covered by Workers’ Compensation Insurance.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
| Volunteer’s Signature | | | | | | | | | | | | | | | |  | | Date | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
| Principal’s Signature | | | | | | | | | | | | | | | |  | | School | | | | | | | | |