

Glendale Unified School District
College View School/FACTS
1700 E. Mountain Street
Glendale, CA 91206
818-246-8363 Fax: 818-246-0708

VOLUNTEER INFORMATION

Name: _____ cell phone: _____ home phone: _____

Complete Address: _____

Tell us about yourself...

If you are currently a student, where are you enrolled and what is your major or area of interest? _____

If you are currently working, who is your employer and what is a contact name and phone number? _____

If you were referred to us, what was the source and what is a contact name and phone number? _____

Do you have any special skills or certifications such as a second language, sign language, or as a lifeguard? _____

What are your hobbies or interests? _____

I would like to (please choose one): _____ volunteer _____ earn community service hours, _____ log hours for my college classes

What type of activities are you interested in doing at College View? _____

What days and hours are you available?
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

PLEASE NOTE: All volunteers must provide proof of a current TB test to the school nurse before volunteering in a California School. Mantoux or chest x-ray results must be negative to participate. If you hold any special certifications such as CPR or Lifeguard, please provide these proofs with your TB test results. In compliance with Megan's Law, volunteers may also be screened by the California State Justice Department.

Assigned to: _____ Start Date: _____ End Date: _____

Total Hours: _____ Credit to: _____ Approved by: _____