

VOLUNTEER REGISTRATION



Deer Valley Unified School District

Name:

Last

First

Today's Date:

School:

Children's name(s)/grade:

Have you volunteered at this school before? Yes No

How long have you been a volunteer at this school? _____

Have you volunteered in other DVUSD schools? Yes No

Which one(s):

Are you a retired DVUSD employee? Yes No

Have you ever been convicted of, admitted to, or are awaiting trial for any criminal offenses?
If yes, please attach an explanation.

Yes

No

Have you ever been convicted of, admitted to, or are awaiting trial for any crimes against children?
If yes, please attach an explanation.

Yes

No

Do you have a valid fingerprint clearance card?

Yes

No

Have you attended a DVUSD volunteer training session or reviewed the training video?

Yes

No

When? _____

Volunteer Signature