Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530 / 891-3000
fax: 891-3220
www.chicousd.org

Requirements for Volunteers ------- Student Name

Required Forms

Form A. Completion of Worker Agreement/Affidavit No Criminal Record
Form B. Field Trip Driver's Form
Form C. Completed Volunteer Information Form
D. Valid Tuberculosis Clearance on file
E. Fingerprint/Criminal Records Check; Title 5 requirements valid CPR and 1st Aid Certificates

Volunteer Categories	Required Forms
Special Events/Parents Club:	A
Field trip drivers:	A and B
On-going - directly supervised:	A and C and D
On-going - indirectly supervised:	A and C and D
Coaches:	A and C and D and E
Parent:	A and D

CHICO UNIFIED SCHOOL DISTRICT - VOLUNTEER INFORMATION FORM

NAME:_____
(LAST) **(FIRST)** **(INITIAL)**

ADDRESS: _____ **PHONE:** _____

1. How can you help our students? _____

_____
_____
_____
_____
_____
_____

2. What special skills and/or talents do you bring to our school? _____

_____
_____
_____
_____
_____
_____

PLEASE LIST TWO PROFESSIONAL OR PERSONAL REFERENCES who may be contacted:

NAME	POSITION	PHONE NUMBER

I certify that this person is known to me: _____
Principal/Designee