



**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