



ORCUTT UNION SCHOOL DISTRICT

CLASSROOM VOLUNTEER SCREENING FORM

The Orcutt School District acknowledges the importance of volunteers who support our students in their educational programs. To insure our students' safety, the district recognizes its responsibility and requests that you complete the following requirements prior to your volunteering. (Please allow a week for verification of information.)

Please return the completed form to the school office along with photo identification.

Please Print

School Site: _____

Classroom Volunteer's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Drivers License Photo on file (attached to back of this sheet)* Yes No
*This will be used to check the Megan's Law website

Do you have a student at this site? Yes No

If yes – Student Name: _____

Relationship to You: _____ **Room #:** _____

Do you plan to volunteer at another Orcutt Union School District school? Yes No

If yes – School Name: _____

Student Name: _____

Relationship to You: _____ **Room #:** _____

Volunteer's Signature _____ **Date** _____

District Use Only

On Megan's Law website: Yes No **Restrictions:** Yes No

Comments: _____

Verified By:	Date:	Verified By:	Date:	Verified By:	Date: