

Mountain View-Los Altos High School District 1299 Bryant Avenue, Mountain View, CA 94040 (650) 940.4650

FP:	
MRT:	

VOLUNTEER INFORMATION

NAME					DATE_			
	Last		First	Middle				
ADDRESS					PHONE()		
	Number and S	3treet	City and State	e Zip				
E-Mail								
Site:		_Activity: [☐ Athletics ☐ AV	/ID ☐ Band/Mu	sic 🗌 Tutor 🔲 Driver 🗌 Mer	ntor 🗌 Just Read		
Description of	activity:							
	r been convicted squalify you from			emeanor) or plea	aded no contest? (A convictio	n will not		
	Yes	_ No	0					
If yes, give info	ormation as to th	ne date and	nature of the offe	ense for which co	onvicted:			
In case of eme	eraency, notify:				()			
	, , , , , , , , , , , , , , , , , , ,	Na	lame	Addre	ess Phone			
					ete to the best of my knowledgould be deemed "good cause"			
Volunteer Sign	nature				Date			
I want to remain on the approved volunteer list until / /								
Please Submit Current TB Test Results								
For School Use Only								
LAHS if Athl		hletic Directo	(Initials) or:(Initials) tor:(Initials)	Met with Men	aff(Initials) tor Tutor Connection Staff:	(Initials)		

*Please call for an appointment prior to picking up fingerprinting form at the District Office. You may contact Lisa (650)940-4671 or Laura (650)940-4659. Please bring your CA Picture ID/Driver License.

You are not cleared until you are contacted directly by the personnel office.

*Please be aware there are often fingerprint delays and we are often unable to predict a timeline for clearance.

PER DISTRICT POLICY DO NOT BEGIN VOLUNTEERING UNTIL YOUR FINGERPRINTS, TB
TEST RESULTS AND ONLINE TRAINING ARE CLEARED WITH THE DISTRICT OFFICE