

Orcutt Union School District School Volunteer Screening Form

The Orcutt School District recognizes 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 us a week to verify the information.) Please return the completed form to the school office along with a photo identification card.

Thank you.

Volunteer's Name (please print) _____

School Site _____

Address _____

Phone (home) _____ (Cell) _____

*Drivers License photo on file (attached to back of this sheet) yes

*This will be used to check the Megan's Law site.

Do you have a student at this site? yes no

If yes, _____
Name of Student
Relationship to You
Room #

Do you plan on volunteering at another school within the Orcutt Union School District?

If yes, school name _____

Name of Student
Relationship to You
Room #

 Volunteer's Signature Date

Office Use Only

On Megan's Law site: yes no

Restrictions yes no

Comments _____

Verified by	Date	Verified by	Date	Verified by	Date