

YOSEMITE UNIFIED SCHOOL DISTRICT

Yosemite High School

50200 Road 427 Oakhurst, Ca. 93644
(559) 683-4667  FAX: (559) 683-8392



REQUEST TO ASSIST AS VOLUNTEER

Date: _____

Name: _____

Address: _____

Social Security #: _____ Telephone #: _____

Drivers License: _____ Date of Birth: _____

Area Requested for Volunteer Services (if known) _____

I understand that all campus volunteers must be screened through the Megan's Law Website or with a LiveScan Fingerprint clearance.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

TB Test complete
Fingerprints/DOJ/Website clearance complete

Approved
Denied

Signature

Title

Date