

VOLUNTEER REGISTRATION



Deer Valley Unified School District

Name: _____
Last First

Today's Date: _____ School: _____

Children's name(s)/grade: _____

Have you volunteered at this school before? Yes No How long have you been a volunteer at this school? _____

Have you volunteered in other DVUSD schools? Yes No

Which one(s): _____

Are you a retired DVUSD employee? Yes No

Have you ever been convicted of, admitted to, or are awaiting trial for any criminal offenses? Yes No
If yes, please attach an explanation.

Have you ever been convicted of, admitted to, or are awaiting trial for any crimes against children? Yes No
If yes, please attach an explanation.

Do you have a valid fingerprint clearance card? Yes No

Have you attended a DVUSD volunteer training session or reviewed the training video? Yes No When? _____

Volunteer Signature _____

VOLUNTEER EMERGENCY INFORMATION



Deer Valley Unified School District

Name: _____
Last First

Phone: _____

Home Address: _____
Street City Zip

Relative or person to call in case of emergency: _____

Contact Phone: _____ Email: _____

Physician: _____

Choice of Hospital: _____

Illness or health conditions of note: _____

Medications taken: _____

Allergic to: _____

Medications taken: _____

Allergic to: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO THE SCHOOL OFFICE