

VOLUNTEER REGISTRATION FORM

The following information is required prior to volunteering with the Arcohe Union School District.

| | | | |
|------------|----------------|-----------|------------|
| First Name | Middle Initial | Last Name | Birth Date |
|------------|----------------|-----------|------------|

| | | |
|---------------------------------|------|----------|
| Address: Number and Street Name | City | Zip Code |
|---------------------------------|------|----------|

Student's Name(s)

Relationship to the student(s)

The above information will be used to contact the Department of Justice as a measure to protect children who may be put at risk at Arcohe School.

A copy of your TB test with a negative reading must also be furnished to the Arcohe School District. A TB test is only valid 4 years from the date of testing.

For Office Use Only

Verification has been provided that the above volunteer is free from active tuberculosis.

Yes No

Volunteer Cleared: Yes No

Administration/Designee

Date