RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT
1525 Douglass St./P.O. Box 1507
Red Bluff, CA 96080
(530) 529-8700
2019-2020

VOLUNTEER INFORMATION:

Name _____
Last First Middle

Address _____
Number & Street City State Zip

Home Telephone _____ Work Telephone _____

Cell phone _____ Email _____

Student's Name _____

Volunteer Services/Program _____

Name of person under whom you are volunteering _____

Email OR phone number of above named individual _____

Have you ever been convicted of anything other than a minor traffic violation? ☐ Yes ☐ No

If yes, please explain _____

_____

CERTIFICATION OF VOLUNTEER: Read carefully before signing.
I hereby certify that all answers to the above questions are true.

_____ _____
Date Volunteer Signature

Applicant must meet with the school Administrator to get signature.

_____ _____
Date Administrator Signature

To do: For all volunteers who will be alone with students: Livescan (HR will provide the order; cost to volunteer $62.00)

For coaches: Fundamentals of Coaching - http://nfhslearn.com/?courseID=1000
Courses Heat Illness and Concussion -http://nfhslearn.com/?courseID=1000
Sudden Cardiac Arrest (SCA) -http://nfhslearn.com/?courseID=1000
CPR/First Aid; TB Test