



### Volunteer Application

1405 North San Fernando Blvd., Suite 303 | Burbank, California 91504  
 TEL 818.559.7699 • FAX 818.559.8641 • [www.pucschools.org](http://www.pucschools.org) • [hr@pucschools.org](mailto:hr@pucschools.org)

Site:  MILAGRO  EXCEL  CALS MS  CALS HS  SANTA ROSA  eCALS  iPREP  
 COMMUNITY ELEMENTARY  COMMUNITY MS  COMMUNITY HS  INSPIRE MS  LAKEVIEW MS  
 LAKEVIEW HS  TRIUMPH MS  TRIUMPH HS  NUEVA ESPERANZA MS  PUC NATIONAL

Position: \_\_\_\_\_

#### Contact Information

Legal First & Last Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

#### Availability

When are you available to start? \_\_\_\_\_

During which days/hours are you available for volunteer assignments?

- Monday \_\_\_\_\_  Thursday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  Friday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  Saturday \_\_\_\_\_

#### Questions

1. Do you have any relatives working for any PUC school listed above? If yes, please list name(s) & relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a Misdemeanor, Felony, or Perjury? (a conviction will not necessarily disqualify you from volunteering) If yes, please explain number of conviction(s), nature of offense(s), leading to conviction(s), date of conviction(s): _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a court case pending? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Special Skills/Qualifications

List languages, other than English, that you are familiar with:

Language \_\_\_\_\_  Read  Speak  Write  Fluent  Some  
 Language \_\_\_\_\_  Read  Speak  Write  Fluent  Some

Check off the Microsoft programs you are familiar with and your proficiency:

- Word**       Beginning  Intermediate  Proficient  
 **Excel**       Beginning  Intermediate  Proficient  
 **PowerPoint**       Beginning  Intermediate  Proficient  
 **Publisher**       Beginning  Intermediate  Proficient  
 **Outlook**       Beginning  Intermediate  Proficient

## Previous Work/Volunteer Experience

Summarize your previous work/volunteer experience. Please begin with your most recent.

<p>From: _____ To: _____                      Month/Year      Month/Year                      Name &amp; Address of Employer:                      _____                      _____                      _____</p> <p>Phone Number: _____                      Name of Supervisor: _____                      Reason for Leaving: _____</p>	<p>Title of Your Position: _____                      Duties: _____                      _____                      _____                      _____                      _____                      _____</p>
<p>From: _____ To: _____                      Month/Year      Month/Year                      Name &amp; Address of Employer:                      _____                      _____                      _____</p> <p>Phone Number: _____                      Name of Supervisor: _____                      Reason for Leaving: _____</p>	<p>Title of Your Position: _____                      Duties: _____                      _____                      _____                      _____                      _____                      _____</p>
<p>From: _____ To: _____                      Month/Year      Month/Year                      Name &amp; Address of Employer:                      _____                      _____                      _____</p> <p>Phone Number: _____                      Name of Supervisor: _____                      Reason for Leaving: _____</p>	<p>Title of Your Position: _____                      Duties: _____                      _____                      _____                      _____                      _____                      _____</p>

## Persons to Notify in Case of Emergency

<b>Name &amp; Relation</b>	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
<b>Name &amp; Relation</b>	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Please provide any information you would like to voluntarily provide, in which you believe is important for the school to know should a medical emergency arise.	

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## References

(Please list 3 persons – previous supervisors, co-workers, etc. (must not be related to you) – who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known

**Agreement and Signature**

I hereby authorize all schools, former employers, references, courts and any others who have information about me to provide such information to Partnerships to Uplift Communities and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I certify I certify under penalty of perjury that the foregoing statements are true and complete, and I author authorize Partnerships to Uplift Communities to complete a background check as a condition of school volunteer service, as pro as provided by California Education Code 45125.5.

I understand that I will not receive any compensation or salary, or any other health or retirement benefits, or workers' compensation insurance coverage during this volunteer assignment.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal as a volunteer.

Name (printed)	
Signature	
Date	

**Our Policy**

It our policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with our school.