



SJVA: PYP Candidate School

SAN JACINTO VALLEY ACADEMY VOLUNTEER INFORMATION COVER SHEET

Revised 1/2017- jjh

Please print clearly

Volunteer's Name: _____ Birth Date: _____

Address: _____

Street

City

Zip

Phone # _____

Email address (this is our method of contact) _____

Your relationship to the children/students listed below _____

Please list your children/students enrolled at SJVA during **2017-18** school year:

Last Name	First Name	Grade	Homeroom Teacher

YOUR EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Do you have a health concern which could become critical? *(Please list below)*

Do you carry medication which should be administered for your condition?

In an emergency, no one listed above can be reached; San Jacinto Valley Academy has my permission to secure medical treatment for me. ___ YES ___ NO

Signature _____ Date _____

Office use only:

Chest X-Ray or TB Assessment _____ Exp. Date: _____ DOJ/FBI _____