

Albany USD Volunteer I Information Sheet

Return Information Sheet to school of choice

Please print legibly

Name: _____

If related to a child in school
provide name(s) of students:

Address: _____

Telephone: _____

Email: _____

School _____

I have read and understand the information in the AUSD Volunteer Handbook. I will follow the guidelines to the best of my ability. I understand that I will not be covered for Worker's Compensation through the Albany Unified School District

Signature: _____

Date _____

Office Use Only

Site Approval _____

Date _____

Albany USD Volunteer I Checklist

- _____ Contact site of choice for volunteer opportunities
- _____ Read and understand AUSD Volunteer Handbook
- _____ Submit to school of choice:
 - Volunteer I Information Sheet