EAST SIDE UNION HIGH SCHOOL DISTRICT

830 North Capitol Avenue, San Jose, California 95133-1316 • (408) 347-5000 • FAX (408) 347-5255 • www.esuhsd.org

	VOLUNTEER APPLICATION	
Date:	Social Security Number:	
Applicant's Full Name:		
(Last)	(First)	(Middle)
Other Name(s):		, ,
assumed	provide any additional information relative to change name or nickname necessary for a check on your w	e of name, use of an /ork or school record.)
Present Address:		
Address	City	State Zip
Telephone Number:		
Site volunteering in:	Program volunteering in:	
Program Manager:	Administrator:	
Start Date:	End Date:	
Employer Address:	City	State Zip
Telephone Number:		
*****	*****	*****
Have you ever been convicted of a misdemeanor? (If yes, explain.)		O Yes O No
Have you ever been convicted of a felor	ny? (If yes, explain.)	O Yes O No
	crime or pending criminal action will not automa volunteer services all circumstances will be c	
Date:	Volunteer's Signature:	
Date:	Administrator's Signature:	
For Human Resources U	lse Only:	
Volum	nteer Clearance TB	Clearance

It is the policy of the East Side Union High School District not to discriminate on the basis of sex, age, religion, race or national origin, sexual orientation or handicapping condition in its educational programs and activities or in the recruitment and employment of personnel.