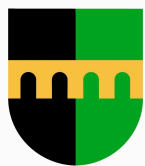


SALIDA UNION SCHOOL DISTRICT



**Los Arcos
Learning
Center**

4800 Sequoia Ave.
Suite B
Salida, Ca 95368

Volunteer Application

Name: _____ Phone: _____

Street: _____ City: _____ Zip: _____

Birth Date: _____ Drivers License # _____

Days and Hours Available (*Los Arcos is open Monday-Friday 2:00-5:30 pm*):

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Your signature below acknowledges the following:

- There is no monetary compensation for volunteers.
- All volunteers must have a current Tuberculosis (TB) clearance.
- Salida Union School District or local law enforcement agency will conduct a record check to determine that the applicant is not a registered sex offender.
- All volunteers must have proof of identity.

Volunteer Signature

Date

Parent Signature (*if applicant under age 18*)

Date

Los Arcos Supervisor Signature

Date

Please attach:

- Letter of reference from a current high school teacher or college liberal studies program instructor or credential program instructor.
- Current Tuberculosis (TB) screening clearance (must be renewed every four years).