INTERNAL VOLUNTEER REQUEST FORM

RETAIN AT SITE FOR RECORDS

Clearance of volunteers may take up to four weeks for approval

Please fill out form completely

Name of Requesting Staff: _____ **Classroom Number:** _____ **Date:** _____

Volunteer Name: _____ **DOB:** _____

Email Address: _____ **Phone Number:** _____

Home Address: _____

Date of activity: _____ **Start/End Time:** _____

Student Name (if applicable)**:** _____

☐ **Check if current EGUSD employee** **EIN:** _____

(See Volunteer Approval Process for next steps)

Section A – Describe the essential function(s) the volunteer will be performing

_____

_____

_____

_____

_____

Examples of Essential Functions

1. **PTO parent volunteering to support/manage a book fair**
2. **Provide supervision for morning and afternoon traffic duty**

APPOINTMENT WITH FINGERPRINTING: _____

Section B (*To be completed by the Administrator of the requested site.*)

☐ Approved ☐ Not Approved

Comments: _____

_____

_____

_____

_____ _____

Administrator's Signature Date

YOU MUST BRING A COPY OF THIS FORM TO YOUR APPOINTMENT IN ORDER FOR YOUR APPOINTMENT TO BE HONORED

(SIGNED AND APPROVED BY SITE/DEPARTMENT ADMINISTRATOR)

NO EXCEPTIONS WILL BE MADE