

FOR OFFICE USE ONLY	
Live Scan	_____
TB	_____
Photo	_____
Badge	_____

**2014-2015  
APPLICATION FOR VOLUNTEER**

ORLAND UNIFIED SCHOOL DISTRICT  
1320 Sixth Street  
Orland, CA 95963  
TELEPHONE: 530/865-1200

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT'S NAME		SCHOOL SITE
STUDENT'S NAME		SCHOOL SITE
STUDENT'S NAME		SCHOOL SITE
STUDENT'S NAME		SCHOOL SITE
ADDRESS	Number	Street
		City
		State
		Zip Code
TELEPHONE NUMBER		CA DRIVER'S LICENSE NUMBER

Emergency contacts:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**VOLUNTEER HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT**

\_\_\_\_\_, herein referred to as "volunteer", has been approved by the Superintendent or Superintendent's designee to provide unpaid services to the Orland Unified School District effective \_\_\_\_\_ through \_\_\_\_\_ for the purpose of: \_\_\_\_\_

"Volunteer" understands and hereby agrees to hold the District, its Board, Officers, Employees, Students, Volunteers and Agents, harmless for any loss, damage or injury sustained by "Volunteer", from any cause whatsoever, arising out of or in connection with the above activity. "Volunteer" understands that any injury or illness arising out of and in the course of approved unpaid service may entitle "Volunteer" to benefits under the State of California Workers' Compensation laws.

AGREED AND ACCEPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
Signature of "Volunteer"

\_\_\_\_\_  
Signature of Superintendent