Lodi Unified School District Personnel Department

1305 E Vine St Lodi, CA 95240

VOLUNTEER FINGERPRINT REQUEST FORM

volunteer	telephone numbers: Home:_		Cell:
Volunteer	Email (where form will be sent	<i>t</i>):	
To Person			
-	Name (Please Print)	has not been p	reviously printed as a volunteer
in this distri	ct and will be:		
(Check appro	priate box)		
Goir	g on an field trip		
☐ Wor	king one or more days per week	in the classroom	on a regular basis, or
Like	y to be alone with one or more	students	
☐ Volu	nteer Coach in high school athle	etic programs	
Tran	sport Students		
Othe	r - please explain:	***	
	pervisor Signature	Date	Lodi High School
	January Signature	Date	School Site / Department
Step 1: Si	te completes form, has Princip	oal sign and scan	to saramirez@lodiusd.net.
	ersonnel will contact Volunteer		
$\frac{\mathrm{Th}}{\mathrm{Ye}}$	ere is a fee for fingerprinting u will be notified of the cost w	and a <i>money orde</i> then your appoin	er will be required.
_			notified by e-mail of fingernrint

VOLUNTEERS WILL <u>NOT</u> BE FINGERPRINTED UNLESS THIS <u>COMPLETED FORM</u>
<u>IS PRESENTED</u> AT THE TIME OF THE APPOINTMENT!

(REVISED: 08/2017)