



Bellevue Union School District

VOLUNTEER CHECKLIST

Name/Nombre: _____
(Last/Ultimo) (First/Primer)

Phone Number/telefono: _____

Email: _____

School/Escuela: _____

Student Name and/or Teacher or Organization Affiliation/Nombre

Estudiante o maestro/a:

Requirements (*to be filled out by District staff*):

[] Negative TB Result Expires: _____

[] Driver's License / ID Copy

[] Livescan (Fingerprints)

Cleared Date: _____

Signature of Reviewing Employee:

_____ Date: _____