



Bellevue Union School District

VOLUNTEER CHECKLIST

Name: _____
(Last) (First)

Phone Number: _____

Email: _____

School: _____

Student Name and/or Teacher or Organization Affiliation:

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

Negative TB Result Expires: _____

COVID Vaccine Card/Copy

Driver's License / Photo ID Copy

Livescan (Fingerprints)

Cleared Date: _____

Signature of Reviewing Employee:

_____ Date: _____