



# Laguna Creek High School Volunteer Application

Legal Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_\_\_

Emergency Contact

\_\_\_\_\_  
Name Phone Relationship

**Volunteer Preferences:** (Please list your preference for the type of work you are interested in doing.)

**Specific to a department or team** (Please Circle)  Activities  Athletics  Band  CAAP  Classroom  
 Counseling  Field Trips  IB  Library  Main Office  
 PTSO  VAPA

To become a Laguna Creek High School volunteer, a complete fingerprint check must be conducted. Laguna Creek High School will make every attempt to match the volunteer with the department or team that best fits their interests.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of LCHS Sponsoring Staff Member: \_\_\_\_\_

**\*Please note: In order to volunteer with the LCHS Athletics Department, you will also need to complete the District Team Coach applicant packet.**

**\*Please turn this form into Vice Principal Stephanie Carlstrom.**

## OFFICE USE ONLY

Form Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Fingerprints cleared: \_\_\_\_\_

Entered in Database: \_\_\_\_\_