RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT
1525 Douglass St./P.O. Box 1507
Red Bluff, CA 96080
(530) 529-8700
2026/2027

VOLUNTEER INFORMATION:

Name
Last First Middle

Address
Number & Street City State Zip

Home Telephone Work Telephone

Cell phone Email

Student's Name

Volunteer Services/Program /Sport

Name of person under whom you are volunteering

Email OR phone number of above named individual

Have you ever been convicted of anything other than a minor traffic violation?
Yes No

If yes, please explain

CERTIFICATION OF VOLUNTEER: Read carefully before signing.
I hereby certify that all answers to the above questions are true.

Date Volunteer Signature

Date Administrator Signature

For coaches: Fundamentals of Coaching - http://nfhslearn.com/?courseID=10 00
Courses Heat Illness and Concussion -http://nfhslearn.com/?courseID=1000
Sudden Cardiac Arrest (SCA) -http://nfhslearn.com/?courseID=1000
CPR/First Aid, TB Test, Livescan (HR will provide the order; cost to volunteer $64.00)
Applicant must meet with the school Administrator to get signature.

For Parent Drivers: Please submit this form along with the Parent Driver Application

For Chaperones: Any parent/volunteer responsible for the supervision of an assigned group of students must be Live Scanned (HR will provide the order; cost to volunteer $64.00).

For Parent/Guardian attending a field trip (without chaperoning): Turn in this form along with a copy of your Driver's License.