



Newark Unified School District  
Human Resources Department

Date Stamp

University Interns/Student Teacher/Volunteer Information Form

Personal Information

*Please Print or Type*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I am performing the following volunteer service (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Site: \_\_\_\_\_ University: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Mentor Teacher: \_\_\_\_\_ Program Supervisor: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

TB Date: \_\_\_\_\_

Fingerprint Clearance: \_\_\_\_\_

Oath: \_\_\_\_\_

NUSD Handbook: \_\_\_\_\_