

# Huntington Beach High School

## VOLUNTEER CARD

You may also go online to sign up - <http://hboilers.com/parents/parent-volunteers/>

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student (s) \_\_\_\_\_ Grade (s) \_\_\_\_\_

Talent/Business: \_\_\_\_\_

I would like to help HBHS students in the following areas:

**Daytime Volunteer**

**Baked Goods/Supplies**

**PTSA**

**Grad Nite Committee**

**HBHS Foundation**

**Booster Club** \_\_\_\_\_

**APA**

**Snack Bar** \_\_\_\_\_

**Activities/Events** \_\_\_\_\_

**Other** \_\_\_\_\_

### Huntington Beach High School

### Emergency Information/Volunteers in Public Schools

Volunteer's Legal Name \_\_\_\_\_ aka \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any physical condition that would be significant in a medical emergency?  
\_\_\_\_\_

Please list all medications taken regularly: \_\_\_\_\_

Do you give your permission to be transported by ambulance if necessary? Yes  No  Blood Type \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### WAIVER REGARDING EMERGENCY INFORMATION

I hereby waive HBHS & HBUHSD from any responsibility for circumstances arising as a result of incomplete information. I hereby swear that I have never been convicted of a felony or misdemeanor:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to HBHS Community Resource Coordinator, Teri Moore 714-536-2514 x4601 tmoore@hbusd.edu.com

For Office Use:

**Megan's Law**

**TB Test**

**Fingerprint**

**Athletic Director**