

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION
REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR
CDE Form B1-6 (Rev. 04-12)

(Print Information)

Minor's Information

_____ Minor's Name <i>(First and Last)</i>	_____ Home Phone	_____ Birth Date
_____ Home Address	_____ City	_____ Zip Code

Local Education Agency Information

_____ Desert Hot Springs High School LEA Name	_____ 760-288-7000 x 1487 LEA Phone	
_____ 65850 Pierson Blvd LEA Address	_____ Desert Hot Springs City	_____ 92240 Zip Code

List educational program for this placement: CTE Internship / Job Shadowing / Community Service Credit

To be filled in by employer or agency of placement.

_____ Business or Agency of Placement Name	_____ Business Phone	
_____ Business Address	_____ City	_____ Zip Code

Minor's services during volunteer/unpaid training: _____

_____ Employer's Name <i>(Print First and Last)</i>	_____ Employer's Signature	_____ Date
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To be signed by parent or legal guardian.

*As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training.
I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

_____ Parent/Guardian's Name <i>(Print First and Last)</i>	_____ Parent/Guardian's Signature	_____ Date
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Certification

In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Sam Cucciniello

Work Based Learning Coordinator

Authorizing Personnel's Name and Title *(Print)*

Authorizing Personnel's Signature

Date

Community Service Sign Up

Location: _____

Date: _____

Time: _____

Event: _____

#	First Name	Last Name	ID	Grade	Spanish Speaker	Reminder	Confirmed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

60 hours = 5 Credits / 120 Hours = 10 Credits

Grade: _____

Agency Address: _____

Supervisor's Name: _____

Type of Work Completed

Date:	# Hours	Type of Work Completed	Supervisor's Signature
Total Hours			

Minutes should be documented in no less than 15 minutes blocks of time.

Hours should clearly be written and totaled at the Bottom of the column. Minutes should be documented in no less than 15 minutes blocks of time. For Example 1 hour and 15 minutes would be written as 1.25, 1 hour 30 minutes would be written as 1.5, 1 hour 45 minutes would be written as 1.75.

Disclaimer: Please note it is the responsibility of the student and parent to arrange volunteer community service hours directly with the appropriate non-profit agencies. Agencies may include, but not limited to, State, County, and Municipal Agencies, health care facilities, and religious organizations. Desert Hot Springs High School and Palm Springs Unified School District have no liability for any personal injuries which may occur while performing independent community service hours. Additionally, Desert Hot Springs High School and Palm Springs Unified School District have no ability to determine the type of work being asked to perform at the agency or the number of hours the agency is willing to offer the student. Students must follow all health and safety directions at the agency they wish to perform their Community Service Hours at and follow all directions from their direct supervisors at the agency. Desert High School and Palm Springs Unified have no control over whether the agency will or will not sign off for hours at the end of hours performed.

I _____ have read this disclaimer and understand my responsibilities in performing Community Service Work Hours and returning the signed log sheet to get the credits for hours performed.

Student Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

Total Hours Performed This Agency: _____

Teacher of Record Signature as verification hours were performed successfully: _____

Date: _____

Total Credits to be Awarded: _____ Counselor of Record for Student: _____