

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