Dear UCSD Volunteer/Tutor:

I am extremely thrilled to have you on board at LHS. Not only are the students excited about your presence on campus so is the community. In order to make your experience at Lincoln High School worthwhile, please fill in the information below.

Name: __________________________________________________________

**Volunteer Experience:**

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<tr>
<th>Organization</th>
<th>Duties/Responsibilities</th>
<th>Supervisor</th>
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**Daily Availability:** (Please note the periods you are available to volunteer/tutor/intern-refer to class schedule)

<table>
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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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Circle grade level, periods of interest, and center of interest (Circle all that apply):

9  10  11  12

**Period 1:**  **Period 2:**  **Period 3:**  **Period 4:**  **Period 5:**  **Period 6:**

- Center for Social Justice
- Center for the Arts
- Center for Science and Engineering
  - Center for Public Safety

Are there any other comments that can help us place you in the proper role at LHS?

________________________________________________________________________
Lincoln High School-UCSD Partnership

Volunteer Code of Conduct

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult restroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from students’ parents.
6. I agree not to exchange telephone numbers, home addresses, email addresses, or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concern that I might have that is related to students’ welfare and/or safety.
8. I agree to not transport students without written permission of parents or guardians or without the expressed permission of the school and will abide by the procedures of GCMS’ rules.
9. I will not disclose, use, or disseminate photographs or personal information about students, self, or others.
10. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

___________________________________ _______________________
Volunteer Name & Signature    Date