

El Monte Union High School District

Request for Volunteer/Unpaid Trainee Authorization for Minor

Minor's Information

Minor's Name (First and Last)Home Phone NumberDOBHome AddressCityZip CodeSchool SiteSchool Phone NumberStudent School ID

Local Education Agency Information

El Monte Union High School District

LEA Name

(626) 444-9005

LEA Phone Number

3537 Johnson Ave.

LEA Address

El Monte

City

91731

Zip Code

List Education Program for this Placement: WorkAbility I

To Be Filled in by Employer or Agency of Placement

EMUHSD WorkAbility I Program

Business or Agency of Placement

(626) 712-4893

Business Phone Number

3527 Johnson Ave.

Business Address

El Monte

City

91731

Zip Code

Minor's Services During Volunteer/Unpaid Training:

WAI Training Supervisor's NameWAI Training Supervisor's SignatureDate

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 NameParent/Guardian's SignatureDateStudent's NameStudent's SignatureDate

In compliance with California Education Code 51768, subject to certain exceptions, during the education 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 hereon is correct and true.

Shamon Alex WAI Director

Authorizing Personnel's Name and Title

Authorizing Personnel's SignatureDate

Copy-Local Education Agency

Employer or Agency of Placement

Parent or Legal Guardian