

## VOLUNTEER REGISTRATION

Date: \_\_\_\_\_  New Volunteer  Returning Volunteer

\_\_\_\_\_  
Last Name First Middle

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

Phone #: Day \_\_\_\_\_ Eve. \_\_\_\_\_ Cell: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

Do you speak a language other than English?  Yes  No

If yes, what language? \_\_\_\_\_

If necessary, would you be willing to translate?  Yes  No

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone#: Day \_\_\_\_\_ Evening: \_\_\_\_\_

Do you have student (s) in our District?  Yes  No

Name of student (s): \_\_\_\_\_

Teacher Preference (s): \_\_\_\_\_

Grade Preference (s):  K-2  3-6  7-8  9-12

Areas of Interest (please select all that apply):

- Coaching  Classroom Volunteer  Work from Home  
 Mentoring  General Volunteer  Other:

### OFFICE USE ONLY

CDL # OR ID #: \_\_\_\_\_ Exp. Date : \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Coverage: \_\_\_\_\_

Megan's Law Cleared:  Yes  No

All information verified by: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRICT  
LOGO  
HERE

DISTRICT  
ADDRESS & CONTACT  
INFO  
HERE

# GUIDE FOR VOLUNTEERS



We appreciate your involvement in our schools.

Your commitment of time and talent will enrich, enliven and expand the horizons of our youth.

We look forward to an outstanding school year!

*District reserves the right to revoke volunteer status upon failure to comply with standards*

## IMPORTANT INFORMATION

### • Volunteer Etiquette & Guidelines

*As a volunteer, I agree to the following:*

- ◇ Register at the school office when I arrive on campus to volunteer.
- ◇ Follow school and classroom rules and conduct myself responsibly with students on and off school grounds.
- ◇ Protect the physical, mental and emotional well being of students.
- ◇ Maintain confidentiality of student behavior and academic performance that I have observed while volunteering.
- ◇ Be free of the influence of alcohol, cigarettes, or illegal drugs when with students on or off school grounds.
- ◇ Support the teacher's instructional programs.
- ◇ Follow District procedures when working on school projects.
- ◇ Inform the teacher when I am unable to volunteer at my scheduled time or when I stop volunteering.



### • Strategies for Volunteer Success

- ◇ Be a Positive Role Model — your own behavior, dress, hygiene and dependability set an example for children.
- ◇ Learn Names — it means a lot to the children if you remember their names.
- ◇ Allow the Students to Be Themselves — It is important to help children realize they are special.
- ◇ Encourage Time for Discovery — Allow students to think about answers.



**We Appreciate You!**

## IMPORTANT INFORMATION

### • Background Check Required

In order to maintain the safety and security of our students, the District may require volunteers to be processed for clearance before working with children. (CA Education Code § 45125.01) Your cooperation in this procedure is very much appreciated.

The following may be required before you are accepted as a volunteer:

- DMV records check
- Fingerprinting
- Proof of adequate insurance
- TB Testing

### • Workers' Compensation Coverage



Authorized volunteers in the District are covered by workers' compensation benefits in accordance with the California Labor Code for any injury or illness sustained while in the specific services of the school district. Should you be injured while serving in this capacity, and therefore covered under our Workers' Compensation Self-Funded Program, we need to advise you that you would not be eligible to file any civil claim, action or proceeding.

### • Automobile Liability

The owner (operator) of a vehicle must carry his/her own liability (Recommended limits: 100K/300K.) Please provide to your school office proof of liability insurance, in the name of the volunteer, for the vehicle that will be driven. A Volunteer Vehicle Form may be completed for this purpose. Please make sure you follow pick up and drop off directions given by the teachers. All children MUST be appropriately restrained in seat belts and children under 8 years of age or under 4'9" need to be in a child passenger restraint device. (CA Vehicle Code § 27360, effective 01/01/2012)



### • We-Tip Safety Hotline

The We-Tip Safety Hotline is a way for adults and children to report a situation and remain anonymous.



**24-Hour WeTip Safety Hotline  
1-800-78-CRIME**

