



**ABC UNIFIED SCHOOL DISTRICT**  
**Nixon Academy of Multimedia Arts Production**  
19600 Jacob Avenue, Cerritos, CA 90703  
Phone: (562) 229-7895 \* Fax: (562) 865-1249 \* Website: Nixonacademy.org

Dear Volunteer:

Thank you very much for volunteering your time for our students. We truly appreciate your help! The process for becoming a volunteer is outlined below.

**Fingerprinting**

A volunteer who works five (5) or more hours per week must be fingerprinted. The fingerprinting will be at the school site's expense. Fingerprinting must be completed and cleared by Human Resources prior to starting the volunteer work. Excluded from this regulation will be parents and/or legal guardians, unless the parents and/or legal guardians attending any overnight field trips such as 6<sup>th</sup> grade camp, Sacramento State Capitol trip, band field trips, etc.

The State of California Education Code Section 35021 states that a person, who is required to register as a sex offender pursuant to Section 290 of the Penal Code, may not serve as a volunteer in any capacity in a school district.

Education Codes 45125 and 45125.1 prohibits contact with students by anyone who has been convicted of a serious or violent felony.

**Tuberculosis Screening**

All persons who serve as volunteer at a school site and are in contact with students five (5) hours or more per week must provide proof of a current tuberculin test (TB Test) to be kept on file at our school site. The screening must be completed within 60 days prior to your assignment and must be retaken every four years. Please see the school secretary for a list of times and sites where you may obtain the test for a nominal fee.

Volunteers who work less than five (5) hours per week do not need to submit proof of a TB test. Volunteers who assist with one time activities, such as: clerical functions; supervision of non-overnight field trips, or dances do not need to submit proof of TB clearance.

**Vaccination/Immunization**

Verification of vaccination and/or immunity to influenza, pertussis and measles must be provided before you are allowed to interact with pre-school age children in the District.

As of January 1, 2016, California adopted Senate Bill (SB) 792 regarding immunizations in day care facilities. The provisions of SB 792 prohibits a person from volunteering at a daycare center if he or she has not been immunized against influenza, pertussis, and measles each year. All volunteers of the District who work in Child Development classrooms in any capacity shall be required to provide verification of immunization against influenza, pertussis, and measles every year. Each volunteer also needs to provide proof of receiving an influenza vaccination between August 1 and December 1 of each year.

A volunteer is exempt from the requirements only under any of the following circumstances:

- The volunteer submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe.
- The volunteer submits a written statement from a licensed physician providing that the person has evidence of current immunity to influenza, pertussis, and measles.
- The volunteer submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine. A person cannot decline the pertussis and measles immunization requirement.

**Other Important Reminders**

All secondary coaches must follow the District's certification/clearance process regardless if they are parents or volunteers.

Should you be injured while you are volunteering at our school, you are not covered by the District's workers' compensation program. However, it is extremely important that you report all injuries to the office immediately. An accident report form will be completed by the office staff.

If you have any questions, or need additional information, please do not hesitate to contact me. Again, thank you very much for dedicating your time for our students.

Sincerely,

E.T. Tracy, Ed. D.  
Principal

By signing below, you are verifying that you have read the above and that you are in compliance with Education Code Sections 35021, 45125, 45125.1 and Health and Safety Code Sections 1597.055, 1597.54, 1596.7995, and 1597.662.

If I sustain an injury while volunteering, I agree to indemnify and hold ABC Unified School District harmless from any and all liability, claims, debt, damages, demands, action or causes of action arising out of, or in any manner connected with, my actions or inaction.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Birthdate (Month/Day)\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Teacher Name

\*month/day of birthdate required for Meghan's Law background check