

Do you want to be a Summit Volunteer?

Here's what you need to do...

1. Fill out the attached Volunteer Application
2. Complete the Live Scan
 - a. Paid for by Summit Leadership Academy
3. Submit all documentation to the school office for Board consideration

Volunteers who wish to transport students for various activities must provide the following information with the volunteer packet:

1. Copy of a valid driver's license
2. Proof of insurance with full coverage

Volunteers are needed for planning events, fundraising, activities, field trips, and event chaperones.

Approval valid for four years!

Live Scans can be completed at the Woodall Group
14359 Amargosa Rd # G, Victorville, CA 92392
(760) 243-7878

If you have any questions, contact the school at 760-949-9202



WE APPRECIATE OUR VOLUNTEERS!

Volunteers

SLAHD encourages volunteer participation in school events by eligible parents, guardians, family members, and members of the general public. A volunteer is considered to be any non-staff member or non-board member who participates in school functions assisting students and faculty. Prospective volunteers are required to complete a volunteer application and successfully pass a Cal-DOJ LiveScan screening for volunteers paid for at their own expense and reimbursable upon Board approval. The LiveScan clearance will lapse after 4 years. Volunteers responsible for transporting students for field trips and activities must also provide a valid driver's license and proof of full coverage insurance. Approval as a volunteer is subject to an evaluation by the Governing Board, based on the specific needs of the school, and the Board decision is final. Formal approval by the Governing Board is required before any prospective volunteer may participate in any school-sponsored activity or event, whether on-campus or off.

**SUMMIT LEADERSHIP ACADEMY- HIGH DESERT
VOLUNTEER APPLICATION FORM**

This application must be signed and dated by the volunteer applicant.
TYPE or PRINT using dark ink only.

****MEGANS LAW AND LOCAL AUTHORITIES WILL BE CHECKED BEFORE APPLICATION APPROVAL****

STUDENT(S) NAME: _____

GRADE(S): _____

RELATIONSHIP TO STUDENT: _____

SCHOOL YEAR: _____

NAME: _____

DRIVER'S LICENSE NO: _____

ADDRESS: _____

SOCIAL SECURITY (Optional): _____

DATE OF BIRTH: _____

PHONE NUMBER (WORK): _____

PHONE NUMBER (MAIN): _____

IS THIS A CELL PHONE? Y N May we text you? Y N

In case of emergency, please notify: Name: _____ Phone: _____

Yes No Are you currently employed?
Employer: _____

Yes No Can you perform the essential functions of the volunteer position with or without reasonable accommodations? If you require accommodations, what reasonable accommodations do you require to perform this volunteer position? _____

Yes No Have you ever been convicted of any felony or misdemeanor in any jurisdiction? "Conviction" includes a plea of guilty, nolo contendere (no contest) and/or a finding of guilt by a judge or jury. If yes, please explain, you may continue on the back of this form. _____

Yes No Have you ever been arrested or convicted of any sex offense?

In what capacity would you like to volunteer? (List classroom, clubs, sports, or describe other).

What language(s) other than English do you speak? (Optional if this volunteer position does not require bilingual skills)

List any special skills or qualifications for this volunteer position:

Please give the name, address and phone numbers of two references not related to you and who can speak to your honesty, character and suitability to work with children:

.....
Applicant's Statement

I certify under penalty of perjury that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this form as may be necessary. I understand that this is not intended to be a contract for employment. I acknowledge that I am required to abide by all the rules and regulations of the State of California and Summit Leadership Academy and that I am not to commence any Summit Leadership Academy volunteer activity until I have been approved by the Board of Trustees.

Volunteer Signature: _____

Date: _____

.....
Custodian of Records Signature: _____

Approval: Yes No

Date: _____

Authorized Personnel Signature: _____

Approval: Yes No

Date: _____

**SUMMIT LEADERSHIP ACADEMY- HIGH DESERT
VOLUNTEER APPLICATION FORM**

CONFIDENTIAL INFORMATION

The following information is REQUIRED for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for "Yes" responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies. **EXPLAIN ALL "YES" ANSWERS TO QUESTIONS BELOW IN THE BLANK AREA PROVIDED ON THE BOTTOM OF THIS PAGE.**

1. YES NO Are you currently the subject of any inquiry or investigation by your current employers, any former employers, any law enforcement agency or any other agency?

Read the explanation below before answering this question:

2. YES NO Have you ever been convicted of a felony or a misdemeanor? (Convictions include a plea of guilty, nolo contendere (no contest) and/or finding of guilty by a judge or a jury.)

List all convictions except as described below, including, but not limited to convictions for "driving under the influence," and convictions for sex and drug offenses listed in California Education Code Sections 44010 and 44011 (even if such conviction was later expunged from your record pursuant to Penal Code 1203.1). Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.5 c and 1192.7 c. (See declaration, Waiver and Hold Harmless Agreement for a list of enumerated "serious and violent" felonies).

DO NOT include any misdemeanor marijuana conviction that is more than two years old as of this date or any other juvenile convictions which was sealed by the Court under California Penal Code section 1203.4. Also, DO NOT include any arrest for which a pretrial diversion program has been successfully completed pursuant to Penal Code Sections 1000.5 and 1001.5. (It is THE APPLICANTS responsibility to verify that a Court has ACTUALLY dismissed a case AFTER successful probation. This does NOT automatically occur).

3. YES NO Do you currently have any of the offenses described above, pending against you which have not yet been settled in a court of competent jurisdiction? If yes, give what, where, when and current status of the case.

AN EXPLANATION FOR "YES" ANSWERS TO QUESTIONS 1-3 ONLY. (YOU MAY ATTACH ADDITIONAL PAGES)



SUMMIT LEADERSHIP ACADEMY

12850 MUSCATEL ST. HESPERIA, CA 92345

PHONE: (760) 949-9202 • FAX: (760) 949-9257 • slahd.com

Volunteer Code of Conduct

1. I will sign in at the main office, immediately upon arrival.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I will 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 the student's parents.
6. I will not exchange telephone numbers, home addresses, e-mail 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 concerns that I may have related to student welfare and/or safety, i. e. bullying, harassment.
8. I will not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I will notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
11. I will only do what is in the best personal and educational interest of every child with whom I come in contact.
12. I will follow all District policies, procedures, and applicable laws.
13. I will wear appropriate attire.

Print name: _____ Date: _____

Signature : _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A7368 _____ VOLUNTEER _____
ORI (Code assigned by DOJ) Authorized Applicant Type

VOLUNTEER _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SUMMIT LEADERSHIP ACADEMY - HIGH DESERT _____ 00666 _____
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

12850 MUSCATEL ST _____ DESIREE GARDNER _____
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

HESPERIA _____ CA 92344 _____ (760) 949-9202 _____
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

SUMMIT LEADERSHIP ACADEMY - HIGH DESERT _____ 00666 _____
Employer Name Mail Code (five digit code assigned by DOJ)

12850 MUSCATEL ST _____
Street Address or P.O. Box

HESPERIA _____ CA 92344 _____ +1 (760) 949-9202 _____
City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

