

SAN GABRIEL UNIFIED SCHOOL DISTRICT VOLUNTEER PROGRAM

Thank you for your interest and active participation as a volunteer. Volunteers are very important to the San Gabriel Unified School District. You are essential to the fine programs that are offered to our students. Please take a moment to review the guidelines and screening procedures for all volunteers.

Volunteer Guidelines

All volunteers are required to:

- Act in accordance with district policies and regulations, as well as individual site requirements.
- Complete and return all required forms each school year prior to volunteering.
- Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. You may complete the form with your own health care provider, school nurse or school health clerk (TB Clearance is valid for 4 years. If you have received TB clearance from SGUSD within the last 4 years, you do not need to complete this form).
- **Be approved by School Administration (Principal/Supervisor/Designee) prior to volunteering.**
- Sign in and sign out at Front Office each day on campus.
- Wear a Visitor Badge at all times while on school grounds.
- Maintain the confidentiality of each student.

Volunteers – Level 1

No application or screening (TB assessment form or background) is required for volunteers who WILL NOT be working directly with students or whose duties are primarily conducted off campus. Examples may include volunteers performing classroom projects for teachers at home or assisting with school wide events where there are supervising staff present at all times (i.e. - school carnivals, book fairs).

Volunteers – Level 2 (Staff Supervision Present)

Volunteers who have limited and/or direct contact with students with SGUSD staff present at all times must pass the sex offender screening. This screening is required to be conducted annually. Examples may include classroom volunteers, one day field trip chaperones, and office volunteers.

Volunteers – Level 3 (No Staff Supervision Present)

Volunteers whose work duties involve direct student contact in a district-sponsored student activity program where work with students may occur outside the direct supervision of SGUSD staff must obtain both a Department of Justice and FBI criminal background check through the district. Examples may include overnight chaperones, mentors, volunteer walk-on coaches, or scholastic programs, interscholastic programs, and other extracurricular activities.

The District reserves the right to screen volunteer applicants for any record of criminal history.

If you have questions on what level of volunteer you may be, please check with the school site principal.

SAN GABRIEL UNIFIED SCHOOL DISTRICT
VOLUNTEER APPLICATION
2019-2020

This information will be kept confidential

PLEASE PRINT

SCHOOL _____ VOLUNTEER LEVEL _____

NAME _____

(First)

(M.I.)

(Last)

ADDRESS _____

HOME PHONE _____ CELL/WORK PHONE _____

PREFERRED CONTACT METHOD: () Home Phone () Cell/Work () Email _____

VALID FORM OF IDENTIFICATION (PLEASE CIRCLE ONE)

VALID DRIVERS LICENSE • STATE ID • SCHOOL ID • PASSPORT

(ATTACH COPY OF PHOTO IDENTIFICATION)

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

(Name & Phone Number)

Have you ever been convicted of a felony? () Yes () No

If yes, please explain on the back of this form.

Have you ever been convicted of a sex or drug-related offense or crime of violence () Yes () No

If yes, please explain on the back of this form.

Are you required to register as a sex offender under Penal Code 290 () Yes () No

The San Gabriel Unified School District believes every student should be able to enter a learning environment free from crime, violence, drugs and abuse. In the interest of our students, staff and community, the District reserves the right to conduct a criminal background check of school volunteers as permitted by law.

I am offering my services to the San Gabriel Unified School District as a volunteer without compensation and without right to health insurance benefits. I understand that either the District or I may terminate this volunteer relationship at any time without notice.

I certify under penalty of perjury that I have not been required to register as a sex offender pursuant to Penal Code Section 290. I understand that, in accordance with District policy, school administrators will verify this information via the California Megan's Law database.

I affirm that all the above information is true and complete.

Signature

Date

Principal Signature

Approved _____ Denied _____

SAN GABRIEL UNIFIED SCHOOL DISTRICT

Declaration of Compliance with Megan's Law Requirement for Volunteers

To be completed by Volunteer

SCHOOL _____ DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

*****FOR SCHOOL OFFICE USE ONLY*****

Results of Megan's Law Check

www.meganslaw.ca.gov

Megan's Law Website check for this applicant was completed by the principal/designee on:

DATE _____

Results of the website check:

_____ The applicant's name **did** appear on the Megan's Law Website

_____ The applicant's name **did not** appear on the Megan's Law Website

Principal/designee's signature below indicates compliance with Megan's Law requirements.

Signature

Date

Name (Print)

**SAN GABRIEL UNIFIED SCHOOL DISTRICT
VOLUNTEER PROGRAM**

TO: Human Resources
FROM: School Site Designee
RE: Volunteer Services

DATE _____

SCHOOL _____

NAME (print) _____

What Type of Volunteer (please check applicable boxes)

- NEW VOLUNTEER** **RETURNING VOLUNTEER** *Specify School(s):* _____
- PARENT**
- SPEECH/DEBATE COACH**
- COACH:** Sport: _____ Other: _____

OFFICIAL DOCUMENTATION NEEDED TO PROCESS ALL VOLUNTEERS

******Please return all required documents to the School Office ******

1. Volunteer application
2. Copy of valid photo identification
3. Completed Megan's Law Declaration
4. TB Risk Assessment Questionnaire (See Volunteer Guidelines)
5. Worker's Compensation Form
6. Level 3 Volunteer – DOJ/FBI criminal background check (principal determines level)

School Office Use Only

- () Volunteer App () Photo ID () Megan's Law Compliance Form
- () TB Assessment Date _____ () Worker's Comp Form
- () Orientation/Training Date _____

District Office Use Only

- () Personal Vehicle Use & DMV Form () DOJ/FBI Check Date _____

Approved _____ Denied _____

Signature _____
Human Resources