

School Volunteer

DEAR POTENTIAL VOLUNTEER,

THE LYNWOOD UNIFIED SCHOOL DISTRICT KNOWS THAT VOLUNTEERS ARE AN IMPORTANT PART OF OUR STUDENTS' SUCCESS. WE THANK YOU FOR YOUR INTEREST IN BECOMING A VOLUNTEER. YOU AND YOUR SERVICE ARE GREATLY APPRECIATED. YOU WILL NEED TO COMPLETE AN APPLICATION AND SUBMIT SUPPORTING DOCUMENTS. THIS IS DONE TO ENSURE THE SAFETY OF OUR STUDENTS.

VOLUNTEERS INCLUDE PARENTS AND COMMUNITY MEMBERS WHO ASSIST AT A SCHOOL SITE OR PROGRAM ON A REGULAR OR SEMI-REGULAR BASIS DURING SCHOOL HOURS. THIS MAY INVOLVE SUPERVISED OR UNSUPERVISED CONTACT WITH STUDENTS ON OR OFF CAMPUS. VOLUNTEERS WILL BE ASSIGNED TO EMPLOYEES (CERTIFICATED OR CLASSIFIED) TO ASSIST IN THE PERFORMANCE OF THEIR DUTIES. VOLUNTEERS WISHING TO CONTINUE THEIR SERVICE THE NEXT ACADEMIC YEAR, MUST RESUBMIT ALL REQUIRED VERIFICATION TO DETERMINE ELIGIBILITY*.

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE SCHOOL SITE WITH ALL REQUIRED DOCUMENTS. TIER 1 AND TIER 2 VOLUNTEER APPLICATIONS ARE SUBMITTED TO THE SCHOOL SITE AND PROCESSED AT THE SCHOOL SITE. TIER 3 VOLUNTEER APPLICATIONS ARE FORWARDED TO THE DISTRICT OFFICE, CLASSIFIED PERSONNEL DEPARTMENT. THE SITE ADMINISTRATOR WILL BE NOTIFIED BY THE DISTRICT OFFICE WHEN CLEARANCE IS RECEIVED. THE APPLICATION MUST BE PROCESSED BEFORE VOLUNTEER SERVICE BEGINS.

VOLUNTEERS CAN SERVE WITHIN THE PARAMETER OF THREE DIFFERENT TIERS. ALL THREE TIERS REQUIRE TB CLEARANCE, MUST BE COMPLETED SIXTY (60) DAYS FROM DATE OF SUBMISSION. ONLY TIER 3 REQUIRES TB CLEARANCE, LIVE SCAN (FINGERPRINTING CLEARANCE BY THE DEPARTMENT OF JUSTICE (DOJ) AND THE FEDERAL BUREAU OF INVESTIGATIONS (FBI) & DRUG SCREEN CLEARANCE.

TIER 1: VOLUNTEER ACTIVITY TAKES PLACE IN HIGHLY PUBLIC SETTINGS UNDER THE SUPERVISION OF LUSD CERTIFICATED OR CLASSIFIED STAFF. VOLUNTEER SERVICE INVOLVES LITTLE OR NO STUDENT CONTACT. TIER 1 ACTIVITIES INCLUDE PARTICIPATION IN BOOK FAIRS AND BEAUTIFICATION DAYS. THIS TIER REQUIRES A TB TEST. LIVE SCAN IS NOT REQUIRED.

TIER 2: VOLUNTEER ACTIVITY TAKES PLACE IN PUBLIC SETTING UNDER THE SUPERVISION OF LUSD CERTIFICATED OR CLASSIFIED STAFF. THERE IS LITTLE OR NO STUDENT CONTACT. ACTIVITIES MAY INCLUDE ROOM PARENT, CAMPUS MONITOR, OR OFFICE VOLUNTEER. THIS TIER REQUIRES A TB TEST. LIVE SCAN IS NOT REQUIRED.

TIER 3: VOLUNTEER ACTIVITIES INVOLVE STUDENT CONTACT. THIS INCLUDES VOLUNTEER COACHES AND ASSISTANTS (SUBJECT TO COACHING REQUIREMENTS), BOOSTER PARENT, STUDENT TUTORS (SUBJECT TO STUDENT TUTOR REQUIREMENTS, EVENT/FIELD TRIP CHAPERONE, AND SUPERVISION ACTIVITIES INVOLVING CHILDREN. PERSONS WHO VOLUNTEERS FOR MORE THAN 16 HOURS PER WEEK OR SERVE IN AN UNSUPERVISED CAPACITY MUST ALSO MEET THIS REQUIREMENT. THIS TIER REQUIRES A TB TEST, LIVE SCAN & DRUG SCREEN CLEARANCE.

APPLICATION CHECKLIST:

- _____ COMPLETED SCHOOL VOLUNTEER APPLICATION (TIERS 1, 2, OR 3)
- _____ CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA IDENTIFICATION CARD (TIERS 1, 2, OR 3)
- _____ SIGNED VOLUNTEER CONFIDENTIALITY AND CODE OF CONDUCT AGREEMENT (TIERS 1,2, AND 3)
- _____ TB TEST RESULTS* (TIERS 1, 2, OR 3) – *MUST BE COMPLETED SIXTY (60) DAYS FROM DATE OF SUBMISSION*
- _____ FINGERPRINTING CLEARANCE BY DOJ & FBI (TIER 3)
- _____ DRUG SCREEN CLEARANCE (TIER 3)

*TB SCREENING IS REQUIRED EVERY FOUR (4) YEARS. PROOF OF TB SCREENING NEEDS TO BE SUBMITTED WITH AN APPLICATION EACH YEAR.

SCHOOL VOLUNTEER APPLICATION

VOLUNTEER SITE REQUESTED: _____

PLEASE SELECT ONE OF THE FOLLOWING: PARENT COMMUNITY STAFF LUSD PARTNER ORGANIZATION

LAST NAME	FIRST NAME	PHONE NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE

IN CASE OF AN EMERGENCY, PLEASE CALL:	RELATIONSHIP
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PLEASE LIST TWO (2) REFERENCES (NON-FAMILY MEMBERS)

NAME	ADDRESS	PHONE NUMBER
1.		
2.		

EDUCATION AND EXPERIENCE

LANGUAGE(S)	OCCUPATION/WORK EXPERIENCE	DEGREES ACHIEVED	VOLUNTEER EXPERIENCE	UNIQUE TALENTS

DAYS OF THE WEEK I CAN VOLUNTEER:	I CAN SERVE:
<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	<input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING

MY SIGNATURE CERTIFIES THAT ALL STATEMENTS WITHIN THE APPLICATION ARE TRUE.
VOLUNTEER'S SIGNATURE: _____

APPLICATION CHECKLIST: SCHOOL SITE TO CHECK ALL APPLICABLE REQUIREMENTS.

<input type="checkbox"/> COMPLETED SCHOOL VOLUNTEER APPLICATION (TIERS 1, 2, OR 3)
<input type="checkbox"/> CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA IDENTIFICATION CARD (TIERS 1, 2, OR 3)
<input type="checkbox"/> SIGNED VOLUNTEER CONFIDENTIALITY & CODE OF CONDUCT AGREEMENT (TIERS 1, 2, OR 3)
<input type="checkbox"/> TB TEST RESULTS (TIERS 1, 2, OR 3) – MUST BE COMPLETED SIXTY (60) DAYS FROM SUBMISSION DATE
<input type="checkbox"/> FINGERPRINTING CLEARANCE (TIER 3)
<input type="checkbox"/> DRUG SCREEN CLEARANCE (TIER 3)

MY SIGNATURE CERTIFIES ALL STEPS REQUIRED OF ME WERE CORRECTLY COMPLETED RESULTING IN THE REFERRAL OF THE ABOVE MENTIONED CANDIDATE.

SITE ADMINISTRATOR'S SIGNATURE: _____
PRINT NAME: _____ DATE: ___/___/___

DISTRICT OFFICE USE ONLY

APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	REOCCURRING VOLUNTEER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
START DATE: ___/___/___	END DATE: ___/___/___	TB DATE: ___/___/___
AUTHORIZING SIGNATURE: _____		DATE: _____

VOLUNTEER CONFIDENTIALITY & CODE OF CONDUCT AGREEMENT

YOUR SERVICE AS A VOLUNTEER FOR LYNWOOD UNIFIED SCHOOL DISTRICT (LUSD) IS GREATLY APPRECIATED. IN YOUR ASSOCIATION WITH TEACHERS AND STUDENTS, YOU MAY HAVE ACCESS TO STUDENT INFORMATION THAT IS NOT TO BE SHARED OR DISCUSSED WITH ANYONE OTHER THAN DESIGNATED PERSONNEL. CONFIDENTIALITY IS OF THE UTMOST IMPORTANCE IN YOUR WORK WITH TEACHERS AND STUDENTS. YOU MAY NOT DISCUSS A CHILD EVEN WITH THAT CHILD'S PARENTS/GUARDIANS; NOR ARE YOU TO CONTACT PARENTS/GUARDIANS REGARDING THE BEHAVIOR OR PERFORMANCE OF STUDENTS. YOU MUST ALWAYS REFER ANY QUESTIONS REGARDING STUDENTS TO THE STUDENT'S TEACHER OR SCHOOL PRINCIPAL. IF YOU NEED HELP WITH A STUDENT, DISCUSS THE MATTER PROFESSIONALLY WITH ONLY THE CHILD'S TEACHER, PRINCIPAL, OR HIS OR HER DESIGNEE.

BEFORE BEGINNING SERVICE AS A VOLUNTEER FOR THE LYNWOOD UNIFIED SCHOOL DISTRICT (LUSD), IT IS REQUESTED THAT YOU ACKNOWLEDGE YOUR INTENT TO FULFILL THIS RESPONSIBILITY BY ENDORSING THE STATEMENT BELOW.

1. I WILL NOT DISCUSS WITH OTHERS, WHEN SERVING AS A VOLUNTEER OR WHEN NO LONGER IN A VOLUNTEER ROLE, THE CONTENT OF ANY CONFIDENTIAL STUDENT INFORMATION WHICH WAS LEARNED IN THE COURSE OF OR BECAUSE OF MY VOLUNTEER WORK IN THE SCHOOL; NOR WILL I DISCLOSE OR PERMIT TO BE DISCLOSED DIRECTLY OR INDIRECTLY, STUDENT EDUCATION RECORDS, PERSONALLY IDENTIFIABLE STUDENT INFORMATION IN SUCH RECORDS, OR OTHER CONFIDENTIAL INFORMATION REGARDING ANY STUDENT. EXCEPTIONS TO THIS RULE INCLUDE MY ABILITY TO DISCUSS STUDENT INFORMATION WITH DESIGNATED STAFF MEMBERS AND/OR AS AUTHORIZED BY THE PRINCIPAL OR HIS OR HER DESIGNEE.
2. THE CONFIDENTIALITY OF STUDENT'S INFORMATION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING TOPICS:
 - A. ACADEMIC STANDING (INCLUDING STUDENT GRADES AND TEST SCORES)
 - B. ATTENDANCE
 - C. FINANCIAL STATUS
 - D. PHYSICAL/MENTAL HEALTH IDENTITY AND HISTORY
 - E. DISCIPLINARY STATUS/RECORDS
3. I FURTHER UNDERSTAND THAT, IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), "EDUCATION RECORDS" (GENERALLY DEFINED AS "THOSE RECORDS, FILES, DOCUMENTS, AND OTHER MATERIAL WHICH CONTAIN INFORMATION DIRECTLY RELATED TO A STUDENT; AND ARE MAINTAINED BY AN EDUCATIONAL AGENCY OR INSTITUTION OR BY A PERSON ACTING FOR SUCH AGENCY OR INSTITUTION") CANNOT BE RELEASED, EXCEPT AS ENUMERATED IN LAW, WITHOUT PARENT/GUARDIAN PERMISSION.
4. AS A VOLUNTEER, I UNDERSTAND THAT I AM NOT AUTHORIZED TO EXAMINE, RELEASE OR COMMENT ON STUDENT RECORDS/INFORMATION UNLESS EXPRESSLY DIRECTED TO DO SO BY A SCHOOL OFFICIAL AND ONLY IN ACCORDANCE WITH APPLICABLE LAW.
5. WHILE IN THE POSSESSION AND CONTROL OF CONFIDENTIAL STUDENT DATA, I UNDERSTAND THAT I MUST PROTECT THOSE DOCUMENTS FROM BEING VIEWED OR OBTAINED BY NON-AUTHORIZED INDIVIDUALS.
6. I WILL NEVER TAKE ANY CONFIDENTIAL STUDENT DATA OFF CAMPUS UNLESS AUTHORIZED BY THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE.
7. CONCERNS OR QUESTIONS REGARDING STUDENT RECORDS OR ISSUES OF CONFIDENTIALITY SHOULD BE BROUGHT TO THE ATTENTION OF THE SCHOOL ADMINISTRATOR AND/OR STAFF MEMBER THAT SUPERVISES THE VOLUNTEER.
8. I MUST REPORT ANY BREACH OR SUSPECTED BREACH IN THIS CONFIDENTIALITY AGREEMENT TO THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE.

VOLUNTEERS IN LUSD SHALL PERFORM TASKS ONLY UNDER THE SUPERVISION AND GUIDANCE OF APPROPRIATE STAFF AS ASSIGNED BY THE SITE ADMINISTRATOR, AND ARE EXPECTED TO COMPLY WITH ALL LUSD RULES AND REGULATIONS. AT ALL TIMES, VOLUNTEERS WILL ONLY PARTICIPATE IN ASSIGNED TASKS. VOLUNTEERS WILL NOT PARTICIPATE IN ACTIONS OR BEHAVIORS BEYOND THE SCOPE OF THEIR ASSIGNED VOLUNTEER TASKS AND RESPONSIBILITIES. ORIENTATION AND/OR IN-SERVICE TRAINING WILL BE PROVIDED BY APPROPRIATE STAFF TO HELP ENSURE VOLUNTEER AWARENESS OF THEIR DUTIES, RESPONSIBILITIES, AND EXPECTATIONS. VOLUNTEERS SHALL BE GIVEN SELECT MATERIALS, WHICH MAY INCLUDE APPLICABLE BOARD POLICIES AND/OR ADMINISTRATIVE REGULATIONS THAT ADDRESS THE ROLE OF THE VOLUNTEER. IF, AT ANY TIME, YOU HAVE QUESTIONS ABOUT APPROPRIATE VOLUNTEER RESPONSIBILITIES AND INNAPPROPRIATE ACTIONS, YOU MUST IMMEDIATELY OBTAIN CLARITY FROM YOUR SITE ADMINISTRATOR OR DESIGNEE. IT IS YOUR RESPONSIBILITY TO OBTAIN CLARITY.

VIOLATION OF ANY OF THESE GUIDELINES MAY CAUSE IMMEDIATE TERMINATION OF THE VOLUNTEER'S SERVICES. SITE ADMINISTRATORS ARE RESPONSIBLE FOR DECISIONS CONCERNING CONTINUATION OR DISCONTINUANCE OF A VOLUNTEER'S ACTIVITIES.

MY SIGNATURE CERTIFIES THAT I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE CONFIDENTIALITY & CODE OF CONDUCT STATEMENT:

APPLICANT'S SIGNATURE: _____

PRINT NAME: _____

DATE: ____/____/____

