



## 2018-2019 **NON- SJUSD** Student Volunteer Application

**(For students that do not attend SJUSD)**

### Student Information

<b>Student First Name:</b>
<b>Middle Name:</b>
<b>Student Last Name:</b>
<b>Date of Birth:</b>
<b>Complete Address:</b>
<b>District and School of Attendance:</b>

**I would like to volunteer at the following site(s):**

- De Anza Preschool\*
- De Anza Elementary
- Estudillo Elementary
- Hyatt Preschool\*
- Hyatt Elementary
- Megan Cope Elementary
- Park Hill Elementary
- Record Elementary
- San Jacinto Preschool\*
- San Jacinto Elementary
  
- Monte Vista Middle School
- North Mountain Middle School
- San Jacinto Leadership Academy
- San Jacinto High School
- Mt. View High School
  
- OASIS Program At: \_\_\_\_\_  
(Name of school site)
- Parent Center
- Other \_\_\_\_\_

**\*Please note—for Preschool sites student must submit vaccination records for: Tuberculosis, Pertussis, Measles, and Influenza.**

**Student Agreement**

*Please read and check each box below*

- In order for a student to be approved for volunteering, he/she must maintain a grade point average of 2.0 or higher. Student must also maintain an attendance record of no more than four tardys or three unexcused absences in a school year.
- Student volunteers must give proper attention to personal cleanliness and wear clothes that are suitable for the school activities in which they participate. Therefore, they are expected to follow SJUSD dress code.
- Student volunteers will treat staff, other students, and general public with respect and consistently be models of the Developmental Assets. They shall not promote commercial products, religious beliefs, political parties or candidates while on campus.
- Student volunteers may not administer medication or give medical treatment to other students. In case of medical emergency, volunteer is to notify school personnel immediately.
- Student volunteers are expected to contact the School, Family and Community Liaison or Site Volunteer Designee and teacher if unable to follow through with volunteer schedule or wishes to discontinue volunteer service.
- Student volunteers shall only work under the direction and supervision of a teacher or other certificated staff member of the school. The relationship between staff and volunteer is one of mutual respect and trust. Volunteers shall initially take matters of concern to the School, Family and Community Liaison or designee.
- Student volunteers are responsible for their personal property and SJUSD does not assume responsibility for lost or damaged items.
- Upon approval, student is required to coordinate visits, and any volunteer activity in which they will be involved. They must coordinate with the site volunteer designee.
- All information in this application is accurate to the best of my knowledge. I will arrive at the designated day and time and will fulfill my volunteer assignment responsibly. I agree to follow instructions of teachers/supervisors and understand that my privileges can be taken away if my behavior does not meet district standards.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Parent/Guardian Information and Agreement

<b>Parent/Guardian First and Last Name:</b> _____
<b>Parent/Guardian Phone Number:</b> _____
<b>Parent/Guardian E-mail Address:</b> _____

I give my child permission to volunteer for the San Jacinto Unified School District.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

To be completed by the Administrator of the school that student attends.

I believe that this student could be a positive role model and of assistance to other students under adult supervision.

Approve

Deny

Comments:

Administrator's Name (Print): \_\_\_\_\_

School Site: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

1.) To be completed by the SJUSD Administrator of the site student wishes to volunteer.

I believe that this student could be a positive role model and of assistance to other students under adult supervision.

Approve

Deny

Comments:

Administrator's Name (Print): \_\_\_\_\_

Site: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2.) To be completed by SJUSD office:

Approve

Deny

For Preschool Volunteers Only:

MMR Date \_\_\_\_\_

TDAP Date \_\_\_\_\_

Flu Date \_\_\_\_\_

TB Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_