

Santa Monica High School - Level II Volunteer

SANTA MONICA – MALIBU UNIFIED SCHOOL DISTRICT VOLUNTEER ASSISTANCE

Last Name: _____

Expires: _____

APPLICATION/AGREEMENT FOR VOLUNTEER SERVICES

THIS AGREEMENT is hereby entered into by the Santa Monica – Malibu Unified School District, hereinafter referred to as DISTRICT, and:

(Please Print) Volunteer's Last Name, First Name

Student's Name (If a parent)

Mailing Address City Zip Code

Phone Number

hereinafter referred to as VOLUNTEER.

VOLUNTEER agrees to provide to DISTRICT the services enumerated in Section D of this Agreement under the following terms and conditions:

- A. Services shall begin at _____ on _____
(school) (date)
and shall be completed on or before _____. (No more than four years from start date).
- B. VOLUNTEER understands and agrees that, while performing in a volunteer capacity, he/she is not an employee of the DISTRICT and not entitled to salary or benefits of any kind or nature normally provided employees of the DISTRICT.
- C. VOLUNTEER agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of VOLUNTEER'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by VOLUNTEER, and/or the VOLUNTEER'S younger dependents not yet enrolled in school.
- D. VOLUNTEER agrees to provide proof of negative tuberculosis test prior to service.
- E. VOLUNTEER agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to VOLUNTEER, **including compliance with Education Code 35021 - Requirements for Voluntary Service in Schools.**
- F. I understand that, in connection with my application as a volunteer, the District will obtain information bearing upon my volunteer services, including Megan's Law information and public record information, documenting convictions, civil judicial actions, tax liens or outstanding judgments against me.
- G. Volunteers must honestly answer the two questions below. If the answer is yes to either question, you must attach a written explanation, including the dates, the specific crimes, and the city, county and state in which they occurred.
- a. Have you ever been convicted of any sex offense or any felony?
___ Yes ___ No
- b. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order?
___ Yes ___ No

H. I am applying to be a _____ Level I Volunteer _____ Level II Volunteer (See attached description)

I. I _____ will _____ will not be driving students as a part of my volunteer service.

Describe anticipated volunteer services: _____

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND I AGREE TO ALL TERMS AND CONDITIONS. I AGREE TO INFORM THE SCHOOL PRINCIPAL IN A TIMELY MANNER IF ANY INFORMATION ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Signature

Date

Print Name

Do Not Write Below This Line

This Volunteer shall be: ___ Level I Volunteer ___ Driving Students
 ___ Level II Volunteer

| |
|--|
| Level I Volunteer To be Completed by the School |
| Application Complete: _____ |
| Megan's Law Check: |
| _____ (Date) Initials: _____ |
| _____ (Date) Initials: _____ |
| _____ (Date) Initials: _____ |
| _____ (Date) Initials: _____ |
| TB Test |
| _____ Attached |

| |
|---|
| Level II Volunteer To be Completed by the School |
| Application Complete: |
| _____ (Date) Initials: _____ |
| TB Test |
| _____ Attached |
| To be Completed by the District |
| Fingerprint Check |
| _____ (Date) Initials: _____ |

If the volunteer will be driving students, attach driver's license and proof of insurance and complete below:

| |
|---|
| Level I or II Volunteer Driving Students To be Completed by the District |
| DMV Check |
| _____ (Date) Initials: _____ |

Principal Approval: _____
(Signature)

(Date)

Tuberculosis Clearance and Emergency Contact Information Form for Volunteers

Name: _____ Date: _____

Address: _____

Phone Number: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____

Phone Number: _____

Please note: *The California Health and Safety Code, Section 3454, and the Board of Education require volunteers to document tuberculosis clearance within sixty (60) days before starting and every four years thereafter. The initial examination must consist of a mantoux skin test (not a chest x-ray unless the volunteer can document in writing a history of pervious positive skin tests. If so, a chest x-ray is required prior to volunteering. The screening requirement will be satisfied by a certificate from a health provider stating that the volunteer is free from active TB.)*

This section must be read and signed by the volunteer prior to the administration of the TB skin test by the school nurse (or the District health office – phone number 310-450-8338 x218).

This is to certify that to the best of my knowledge, I have not/am not:

1. **Had active tuberculosis in the past, been on INH, PAS or any other antitubercular therapy.**
2. **Pregnant.**
3. **Had a positive tuberculosis skin test in the past.**
4. **Been taking cortisone medication, had a measles immunization or been on chemotherapy in the past month.**

I give the Santa Monica – Malibu Unified School District heath services permission to administer a mantoux skin test to me.

I hereby swear and affirm that all answers and statements herein contained are true, and I agree and understand that any misstatements of material facts contained in this application will caus forfeiture upon my part of all rights to volunteer, either present or future, in the services of the Santa Monica – Malibu Unified School District.

Date: _____ Signature of Applicant: _____

Office Use Only

Mantoux Test: Date Given: _____ Given by: _____

Date Read: _____ Result: _____ Read by: _____

X-Ray Date received: _____ Result: _____

Signature: School Nurse: _____ Date: _____

DESCRIPTION AND EXAMPLES OF LEVEL 1 AND LEVEL 2 VOLUNTEERS

LEVEL 1 Volunteers Working Under the Constant Direct Supervision of a Certificated Employee

These volunteers serve during and after school hours to work in classrooms, on the campus, or in special school programs. Examples would include: lunch assistant, playground supervision, classroom aide or helper, assisting in the library, and assisting at lunch or after school club or school activity.

LEVEL 2 Volunteers Working Under the Supervision of Certificated Employee But Occasionally Unsupervised While Working with Students

Examples would include athletic coaches, performing arts coaches, tutors, chaperones on overnight trips, and volunteers who drive vehicles transporting students other than their own child on field trips or other activities.

Use the following chart as a guide to the application requirements for volunteers.

REQUIREMENTS FOR VOLUNTEERS

| | LEVEL 1 Under the Constant Direct Supervision of a Certificated Employee | LEVEL 2 Under the Supervision of Certificated Employee, but Occasionally Unsupervised While Working with Students |
|--|---|--|
| Examples of Activities: | <ul style="list-style-type: none"> • lunch supervision • playground supervision • classroom aide or helper assisting in library • lunch or after school club or activity assistance • volunteers who chaperone field trips (non-overnight) | <ul style="list-style-type: none"> • athletic coaches • performing arts coaches • tutors • chaperones on overnight trips |
| Volunteer Application | Yes | Yes |
| TB Test – Every 4 Years | Yes | Yes |
| Megan’s Law Check – Every Year | Yes | No |
| Driver’s License and DMV Check | For Field Trip Drivers Only | Only if driving students |
| Site-level Approval (Site Administrator) | Yes | Yes |
| District-level Approval (Human Resources) | No | Yes |
| Fingerprint Clearance | No | Yes |