

Dear Volunteer,

On behalf of the Board of Education, district staff, and students, I extend sincere appreciation to you for your involvement with the Coast Unified School District. Our schools work with families and our community to instill the values that help children become life-long learners and responsible citizens. This requires a strong commitment and a shared responsibility. Our core belief is that education is a partnership among students, teachers, administrators, families, and community. Whether you are chaperoning field trips, assisting office staff, or tutoring a student in reading, your involvement does make a difference. Thank you for your help, commitment and support.

VOLUNTEER APPLICATION & AGREEMENT FORM

Types of volunteers:

“Listed” volunteer *(TB clearance is required):*

As a listed volunteer you will serve under the immediate supervision and direction of the certificated personnel of the district to perform noninstructional work which serves to assist the certificated personnel in performance of teaching and administrative responsibilities. With respect to this noninstructional work, the nonteaching volunteer aide shall serve without compensation of any type or other benefits accorded to employees of the district. You are subject to visual or auditory supervisory contact by way of second adult supervision, peer supervision or school-based supervision at all times when involved with students.

“Registered” volunteer *(Fingerprint & TB clearance is required):*

As a registered volunteer you will serve under the immediate supervision and direction of the certificated personnel of the district. With respect to this type of work the volunteer shall serve without compensation of any type or other benefits accorded to employees of the district. A registered volunteer may also accompany students on overnight field trips.

“Driver” volunteer *(Fingerprint, TB & DMV Clearance required):*

As a driver volunteer you will serve under the immediate supervision and direction of the certificated personnel of the district. With respect to this type of work the volunteer shall serve without compensation of any type or other benefits accorded to employees of the district. A driver volunteer may also accompany students on overnight field trips. Drivers are required to have vehicle and insurance information on file with the district prior to transporting students.

*A person who is required to register as a sex offender pursuant to Penal Code 290 shall not serve as a volunteer instructional aide or as a volunteer nonteaching aide under the direct supervision of a certificated employee.
(Education Code 35021)*

All volunteers must understand and agree to the following:

1. Provide TB Clearance.
2. Understand the role of a volunteer is to support the District, school program, staff and students. Volunteers will take no action(s) which would disrupt, undermine or interfere with the educational process.
3. Maintain confidentiality of students and staff.
4. Shall act in accordance with district policies, regulations, and school rules. The District has exclusive rights to terminate the services of a volunteer
5. All volunteers, except those approved for middle school and high school athletics, must sign in upon arrival and receive a name tag and sign out (return name tag) at the office.

I understand and agree to the expectations as outlined above.

Signed: _____

Please complete the information below.

Name: _____ Today's date: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Check school, grade level(s) or classroom, days for which you are volunteering:

- Cambria Grammar Santa Lucia Coast Union Leffingwell/CCDS

Grade(s)/Classroom(s) : _____

Select area(s) to serve as a Volunteer:

- Coach Classroom help Yard/Cafeteria duty Chaperone/Field Trip Driver* Other

Availability:

- Monday Tuesday Wednesday Thursday Friday

Confidentiality Clause:

I realize as a volunteer I must hold any information about a student's academic progress, behavior or a school-related incident completely confidential. I also acknowledge that communication about a student (other than my own child) is restricted to the teacher, the guidance counselor or the school's administration. I also acknowledge that information concerning other volunteers is also considered confidential.

Signed: _____

Date: _____

In case of an emergency, while volunteering at your site, please contact:

Contact Person: _____ Relationship: _____

Phone: _____ Cell: _____ Address: _____

For Office Use:

"Listed" Volunteer:

- Application Received
 TB Clearance Received
 Megan Law Check
 Volunteered Cleared to Work

"Registered" Volunteer:

- Fingerprint Clearance Received

Driver:

- Vehicle Insurance Received
 Copy of Driver's License
 Pull Notice
 DMV H6 Report

Volunteer is: Approved Rejected

Date: _____ Signed: _____