

# HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

## Volunteer / Observation Application

### Applicant Information

Full Name:		
Maiden Name:	Other Legal Names:	Date of Birth:
Current address:		
City:	State:	Zip Code:
Activity or Sport:	School/Site:	Date Filed:

### Section II

Field Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No	Field Trip Date:	Child's Name:
Field Trip Location:		
Home Phone : (    )	Cell Phone: (    )	Work Phone: (    )

### Section III

Please note that Education Code 35021 prohibits registered sex offenders from serving as volunteer non-teaching aides. In addition, pursuant to Education Code 45349 any volunteer instructional aide is also subject to the provisions of Education Code 35021. Before authorizing any person to serve as a volunteer non-teaching aide or a volunteer instructional aide, Education Code 35021.1 authorizes the Superintendent or designee to ask a local law enforcement agency to conduct an automated records check or call the Department of Justice to determine that the individual is not a registered sex offender. Volunteers shall be informed that the District is conducting this records search. (initial)           

**Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, placed on probation or sentenced in any civil, criminal, or military court, or have you ever forfeited bail?** Yes \_\_\_ No \_\_\_  
 If you answered YES, list all offenses (attach additional paper if necessary). You must include minor traffic violations if they resulted in the issuance of a warrant, drunk driving convictions and convictions dismissed following probation. (initial)           

Offense & Date	City, State	Sentence or Fine

Have you ever tested positive for Tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is yes, when?
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### Emergency Contacts

Name of a person to contact in case of an emergency:			
Address:			
City:	State:	Zip Code:	Phone:
Relationship:			
Personal Physician:		City:	Phone:

### Section IV

Are you currently volunteering on a campus in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At which school?
Have you EVER been a volunteer on a campus in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At which school?
Are you an employee in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former	List Site Location

**Section V**

**NOTICE REGARDING WORKERS' COMPENSATION**

Please be advised that participation in District-sponsored activities by their very nature, pose the potential risk of serious injury/illness to authorized participants. Hacienda La Puente Unified School District does not provide Workers' Compensation benefits to volunteers who sustain an injury/illness while engaging in District-sponsored activities. Furthermore, you understand, acknowledge, and agree that the District, its employees, officers, agents or volunteers shall not be liable for any injury/illness associated with preparing for or participating in District-sponsored activities (initial) \_\_\_\_\_

**VOLUNTEER GUIDELINES STATEMENT**

As a volunteer in the Hacienda La Puente Unified School District, I agree to the following:

1. I will sign in at the school office when I arrive on campus.
2. I will follow the school and classroom rules.
3. I will support the teacher's instructional programs and classroom discipline plan.
4. I recognize that all children learn at different rates. When working with a student, I will be encouraging and support their learning process in a positive manner.
5. I will maintain confidentiality of student behavior and academic performance that I observe while volunteering.
6. I understand that my volunteer assignment is at the discretion of the classroom teacher and/or site administrator. My services will be used where they are believed to be most appropriately matched with school/classroom needs.
7. I understand that my volunteer activities must be under the supervision of a staff member at all times.
8. I have read and agree to follow safety rules and regulations listed in the District Illness Injury Prevention Program.
9. I will report any student/staff injury or unsafe conditions immediately to the Risk Management Department at (626) 933-3860. (initial) \_\_\_\_\_

**ACTIVITY SUPERVISOR CLEARANCE CERTIFICATE**

Pursuant to AB 1025 (Chap. 379, Stats. 2009), all non-certificated employees and volunteers that will supervise, direct, or coach a student activity program are required to obtain an Activity Supervisor Clearance Certificate (ASCC) from the Commission on Teacher Credentialing by July 1, 2011. It is the responsibility of the Volunteer to obtain and maintain the ASCC with the Commission on Teacher Credentialing, failure to do so will result in immediate dismissal. Volunteers are required to pay for all fees necessary to obtaining the ASCC. (initial) \_\_\_\_\_

**VOLUNTEER INSTALLATION OF PLAYGROUND EQUIPMENT**

The Superintendent or designee shall ensure that playgrounds comply with 22CCR 65700-65750 pertaining to the design, installation, inspection, and maintenance of playgrounds and playground equipment.

New playground equipment shall be either: (22 CCR 65730)

1. Assembled and installed by or under the direct supervision of an individual authorized by the manufacturer.
2. Inspected by a certified playground safety inspector prior to its first use. (initial) \_\_\_\_\_

**For School use only**

Requested by:	Interviewed by:
Recommended for approval by:	Principal's Signature: _____
<del>Volunteer Applicant's Signature</del>	
Signature of Volunteer applicant: _____	Date: