



PORTOLA VALLEY SCHOOL DISTRICT
School Facility Use Application (District Affiliated Groups)

1. Facility: Ormondale Corte Madera Area/Space: Classroom/Library Gym/MUR Sports Field
2. Date(s) Requested: _____
Time (Start-End, include setup and cleanup time): _____
3. Special Instructions/Needs: _____
4. Type of Function: _____ Expected Attendance: _____
5. Requesting Organization: _____
6. Affiliated Organization: PV PTO PVSF Other _____
7. Contact Person: _____ Title: _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
8. **CALIFORNIA EDUCATION CODE PROHIBITS THE USE OF TOBACCO ON SCHOOL GROUNDS. USE OF ALCOHOL IS PERMITTED VIA AR 1330 ONLY UNDER SPECIFIC CONDITIONS, AND REQUIRES A COMPLETED AND APPROVED APPLICATION AND PERMIT FOR USE OF FACILITIES (ABC LICENSE OBTAINED).**
9. **Insurance:** As a condition to use District facilities, user shall provide the District a Certificate of Insurance and Additional Insured Endorsement with liability coverage of \$1,000,000 per occurrence. *This document is to be attached to this application.*
10. **Clean-up/Damages:** Users are responsible for the condition on which they leave the facility. Any repairs or costs related to the cleanup, loss of district property, or trash removal will be charged to the applicant. Costs will be determined by the Chief Business Official. Failure to pay promptly for such damages is grounds for denial of future school facility use.
11. **COVID-19:** District cannot prevent individuals from becoming exposed to, contracting, or spreading COVID-19 while participating in or attending activities on District premises. User shall ensure that all activities occurring on District facilities under this agreement comply with applicable COVID-19-related public health orders and guidance from the County of San Mateo Public Health Department, the State of California (including, without limitation industry guidance from the California Department of Public Health), and the Federal Centers for Disease Control and Prevention (CDC). **User shall obtain signed Assumption of Risk and Liability Waivers from all participants or attendees, which release District from any and all liability related to participation or attendance in activities occurring on District facilities under this agreement, prior to allowing such participation or attendance to occur.**
12. **Save Harmless:** User agrees to indemnify and save harmless the Portola Valley School District, its school board, officers, agents, employees and servants from all claims, suits or actions of every name, kind and description, brought for, or on account of any kind whatsoever and to whomsoever belonging, including but not limited to the concurrent active or passive negligence of the District, its school board, officers, agents, or employees and servants, while in, upon or in any way connected with the premises during the term of this permit or any extension thereof, provided that this shall not apply to injuries for which the District has been found in a court of competent jurisdiction, to be solely liable by reason of its own negligence or willful misconduct. The duty of the user to indemnify and save harmless, as set forth herein, shall include the duty to defend as established in Section 2778 of the California Civil Code. **User understands and agrees that its duty to indemnify and save harmless herein expressly extends to any claims, suits, actions, or damages arising from or related to User's obligations under Section 11 above.**
13. Signature: _____ Date Application Submitted: _____

HOURLY RATES REFLECT THE COST PER HOUR PER AREA/SPACE REQUESTED

<u>Exempt Group</u>		<u>Custodial Services</u>
Classroom/Library	-0-	\$55/hour (minimum 2 hour charge) Fee will be added to after-hours and weekend use, in addition to area fee.
Gym / MUR	-0-	
Sports Field	-0-	

Rental Details and Fee Calculation: *To be completed by applicant and verified by Office Manager.*

If more dates are requested than space provided, attach a separate sheet detailing dates/times (i.e. team schedule, calendar, etc.). For recurring or weekly events, indicate monthly subtotal. **Use time must include set-up, breakdown, and clean-up. Fees may be applied if custodial services are required.**

Date	Start Time including Setup	End Time including cleanup	Space/Area

Personnel/Staff *Any person in direct contact with PVSD students must complete the Instructors and Coaches Requirement Check List. List any adults who will be on site.*

Site Approval *To be completed by Principal*

CUSTODIAL SERVICE: Required – Custodian Assigned: _____ Not Required

Fee to be applied: \$55 x _____ hours = \$_____ TOTAL AMOUNT DUE

Principal's Signature _____ Date Approved: _____ Denied

Forward application to District Office, Attention: Business Services

District Office Approval

Chief Business Official: _____ Date: _____

Approved copy will be forwarded to Principal, Applicant, Fiscal Services Manager, Accounts Receivable for billing.



Instructors and Coaches Requirement Checklist & Signed Affidavit

Name: _____ Role: _____

School Site: _____

Must Complete Steps 1 - 4

1. **LiveScan Background Check** California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) fingerprint submission (**LiveScan**). LiveScan only needs to be completed once for the District.
 - Check with the school site Office Manager if clearance is on file.
 - The Office Manager will provide the Request for Live Scan Service form, and DOJ/FBI Privacy Notices.
 - Complete the section titled 'Applicant Information.'
 - Take this form and your valid domestic driver license (or other government issued identification) to a LiveScan service provider location: ([LiveScan Service Locator](#)).

Notify the School Site Office Manager once LiveScan has been done.

2. **TB Screening:** All volunteers who will have "frequent or prolonged contact with students" are required to be TB risk-assessed which is signed by a U.S. physician, healthcare provider, or District Nurse (Nurse Abbe) using the [CA Adult Tuberculosis RiskAssessment Questionnaire](#), or by providing a negative TB test result—completed within the past 60 days. Negative TB test results (either PPD or x-ray) remain in effect for four years. (Free tuberculosis testing and verification notices are available at all public and some private medical clinics.)

Provide completed form to: School Site Office Manager > District Nurse

3. **COVID-19 Proof of Vaccination:** CDPH requires staff, outside vendors, coaches, and volunteers who will have "frequent or prolonged contact with students" to provide proof of COVID-19 vaccine dose(s) [at least 2 doses of Pfizer/Moderna or 1 dose of J&J]. Proof of boosters is not required at this time. Those who are not vaccinated, or do not want to submit proof of vaccination may test the day of working/coaching IN THE SCHOOL OFFICE. We request you bring a rapid-antigen test with you. If you do not have a test, one will be provided.

Provide proof of COVID vaccination to: School Site Office Manager > District Nurse

4. **Safety Training:** All instructors and coaches must read the District's "Prevention of Sexual Misconduct and Abuse in Schools" PVSD [Administrative Regulation 5141.41](#) and sign that they have read and understand the policies.

I have read and understand the Administrative Regulation 5141.41 and agree to adhere to the guidelines.

Strongly Encouraged to Complete:

5. "Prevention of Sexual Misconduct in Schools" and "Mandated Reporter" online trainings People whose duties involve direct contact with, and supervision of children are strongly encouraged by the District to complete these two trainings.

I HAVE HAVE NOT completed the online "Prevention of Adult Sexual Misconduct" and "Mandated Reporter" trainings.

Encouraged to Complete:

6. Additional online safety trainings that instructors and coaches may complete (depending upon the position):

- Athletics: Sudden Cardiac Arrest
- Athletics: Heat Illness Prevention
- Athletics: Concussions
- Bloodborne Pathogens

Courses Not Online:

- Emergency Prep & Response (NOT online)
- First Aid (NOT online)

If you are interested in completing these online trainings, please contact _____, and an account will set up for you.

I have read and completed the requirements listed above.

Signature

Date

Please return this completed and signed form to the School Site Office Manager.