



Folsom Cordova Unified School District
 1965 Birkmont Drive
 Rancho Cordova, CA 95670
 (916) 294-9000

Category 2 Volunteer Application
 (Non-salaried Employee)

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY/ZIP: _____

BIRTH DATE: / / SOCIAL SECURITY NO. _____

SCHOOL SITE: _____

VOLUNTEER ASSIGNMENT: _____

Training: I have read the Volunteer Orientation Handbook and know the expectations of me as a volunteer regarding:

Appropriate:

- Behavior
- Dress
- Language
- Student Interactions

- Conflict Resolution
- Specific instructions for the site
- Blood Borne Pathogens
- Child Protection
- Child Development

- Confidentiality
- Staff Relationships

Site Orientation Date: _____

Photo ID Date: _____

Emergency Card Date: _____

Date Fingerprints Clear _____

Negative TB Test Expires: _____

Have you been printed in FCUSD before? Y N

Any medications currently prescribed to me: _____

Health problems related to assignment: _____

Have you ever been convicted of a crime other than a minor traffic violation? (Drunk or reckless driving is not a minor offense) NO YES (If "yes", please explain when, where, and the disposition.) _____

I consent to the use of the above data in the District's Volunteer Database.

 VOLUNTEER'S SIGNATURE

 Date:

This volunteer meets the criteria for a Category 2 volunteer because he/she: (circle one)

- a. Will be working unsupervised with student(s);
- b. Will be going on an overnight field trip;
- c. Will be accompanying students on day field trip, but out of supervision of teacher.
- d. Volunteer regularly (ongoing)

The above volunteer has provided all the required information and may now be fingerprinted.

 PRINCIPAL'S SIGNATURE

 Date

This form must be completed and given to the Principal or Designee prior to volunteering. The fully completed original will be delivered to District Office; a copy of this form, along with a copy of a current TB test, will be retained at the site.

Emergency Card

Volunteer's Name _____
Last First Middle

Birth Date: _____ Home Phone: _____

Address: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Spouse: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical/Health Plan: _____

Medical and Group #: _____

Nearest Relative: _____

Address: _____

Phone: _____

Folsom Cordova Unified School District

125 East Bidwell Street, Folsom, CA 95630 • Tel 916.355.1100 • Fax 916.985.0722 • www.fcusd.org



VOLUNTEER AGREEMENT FORM

This form should be completed and signed by the volunteer, volunteer's supervisor and site principal after the volunteer has been accepted by the District and completes reading the FCUSD Volunteer Orientation Handbook.

1. Volunteers shall act in accordance with district policies, regulations and school rules. (FCUSD Board Policy 4050)
2. At his/her discretion, a staff member who supervises volunteers may ask any volunteer who violates school rules to leave the campus. Staff members may also confer with the principal or designee regarding any such volunteers. The Superintendent of designee shall be responsible for investigating and resolving complaints regarding volunteers. (FCUSD Board Policy 4050)
3. The principal has the right to refuse any volunteer at his/her school; the teacher may exclude a volunteer from his/her classroom; the Superintendent may exclude a volunteer from the District.
4. Volunteer maintenance work shall be limited to those projects who do not replace the normal maintenance duties of classified staff. (FCUSD Board Policy 4050)
5. Volunteers may work short-term projects which enhance the classroom or school, meet a specific need, comply with established building and safety codes, do not significantly increase maintenance workloads, and comply with employee commitments and contracts. (FCUSD Board Policy 4050)
6. Volunteer aides shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off. (Education Code 35021)
7. Volunteers may not be provided District computer network access via log in by a District employee. Doing so violates District technology use policies. (FCUSD Board Policy 4040)
8. Volunteers may not access or update student information systems (SASI) or records. Doing so violates student confidentiality and may subject the volunteer supervisor to discipline.
9. Volunteers must ensure student confidentiality and address student conduct or other problems to the teacher or principal.
10. Volunteers must attend a site volunteer in-service to learn local procedures.
11. Volunteers must obtain and wear a District ID badge when on campus.
12. Volunteers may not be asked to perform tasks that are potentially unsafe or put them into a compromising situation.
13. Volunteers may not transport students in any District or personal vehicles.
14. Volunteers may not handle school, PTA or other funds associated with a school site.
15. Volunteers are not considered "mandated reporters" for child protection under California law, but volunteers should be aware of child abuse reporting requirements for school employees.

Volunteers should report suspected child maltreatment to the supervising teacher or site administrator.

16. Volunteers are required to engage in appropriate student interactions, behavior, dress and language.
17. Volunteers should feel comfortable discussing questions and concerns about their assignment—including requesting a new assignment—with the volunteer supervisor.

Description of volunteer's assignment (to be completed by volunteer's supervisor). Please attach additional sheet if necessary.

I have read and understand the policies as outlined in this Volunteer Agreement Form and the Volunteer Orientation Handbook.

Name of Volunteer (Print)

Signature of Volunteer

Date

I have reviewed these policies and the Volunteer Orientation Handbook with this volunteer, and agree to ensure adherence to these policies.

Name of Volunteer's Supervisor (Print)

Signature of Volunteer's Supervisor

Date

Name of Principal (Print)

School Site

Signature of Principal

Date

Please retain this copy for your files.



June 27, 2013

Workers Compensation Managed Provider Network
(MPN) Notification

Dear Employee,

Schools Insurance Group (SIG) has changed administrators of the Medical Provider Network (MPN) for Workers Compensation. A material modification change was filed and was approved on June 20, 2013 by the state of California. The existing MPN providers remain the same although the name has changed to **Allied Managed Care/SIG MPN**.

Unless you pre-designate a physician or medical group, your new work injuries arising on or after June 20, 2013 will be treated by providers in the **Allied Managed Care/SIG MPN**:

www.alliedmanagedcare.com/sigmpn

More information about the MPN can be found on the Workers' Compensation poster at your District or school site or by contacting Schools Insurance Group.

Sincerely,

A handwritten signature in cursive script that reads "Bev Wilkinson".

Bev Wilkinson
Chief Fiscal Officer



ACKNOWLEDGEMENT OF RECEIPT for Volunteers

All volunteer workers in this School District shall be provided Workers Compensation coverage for any job-related injuries which may occur while the volunteer worker is performing services on behalf of the Folsom Cordova Unified School District.

I hereby acknowledge receipt from the Folsom Cordova Unified School District of the notification of "WORKERS COMPENSATION MANAGED PROVIDER NETWORK"

Print Volunteer Name

Date

Volunteer Signature

FCUSD Designee Signature