

2024-2025 HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

Student Observation Application NEW Renewal

Have you been APPROVED to volunteer for our district within the last 4 years? (Not a "One Time" Volunteer)	<input type="checkbox"/> Yes - If yes, please check the "Renewal" box above. <input type="checkbox"/> No - If no, please check the "New" box above.
Are you a current employee in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title: _____ Location: _____	

Applicant Information

Full Name:	Applicant's Date of Birth:	
Other Legal Names:	Email:	
Current Address:		
City:	State:	ZIP Code:
Home Phone: ()	Cell Phone: ()	College/University:
School Site to Observe:		

Have you received the COVID 19 Vaccine? Yes No *If you select no you will be treated as unvaccinated and you will NOT be approved to volunteer.*

Have you ever tested positive for Tuberculosis? Yes No *If the answer is yes, when? _____*

Will you be working with child development age children (4 years old or younger)?: Yes No

If you selected yes, please submit: Flu (Influenza), Pertussis (Whooping Cough), and MMR (Measles, Mumps, Rubella) Immunizations and initial the SB 792 section on page 2.

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)✍ _____

MUST READ! 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, please list ANY misdemeanor and/or felony offenses, including driving under the influence (DUI), set asides and expungements for which you have been convicted or received a withheld judgment within your lifetime. You must include minor traffic violations if they resulted in the issuance of a warrant, drunk driving convictions and convictions dismissed following probation. Some juvenile offenses for which an individual is charged as an adult (tobacco, alcohol, and drug charges) and traffic citations or moving violations such as inattentive driving may fall into this category.

Offense & Date	City, State	Sentence or Fine

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and ability. I authorize Hacienda La Puente Unified School District to receive any and all information related to my criminal records.

I understand any misstatement of material fact or omission herein may be grounds for rejection of my application or discharge from school district employment on the basis of falsification of the application.

 Signature

 Date


Emergency Contact

Name of a person to contact in case of an emergency:

Relationship:

Phone Number:

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. 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 obtain the ASCC. (initial)  _____

CHILD DEVELOPMENT VOLUNTEERS ONLY

SB 792: I am aware of the new SB792 requirement of immunization against Influenza, Pertussis, and Measles. Each employee and volunteer shall receive an Influenza vaccination between August 1 and December 1 of each year. I confirm that I have received the following immunizations:

1. Flu (Influenza) Annual Immunization
2. Pertussis (Whooping Cough) Immunization
3. MMR (Measles, Mumps, Rubella) Immunization. (initial)  _____

Volunteer Applicant's Signature

By signing below, I acknowledge that it is my responsibility to provide a complete application along with all required documents. If I do not have the application completed or if I am missing documents, I acknowledge that there will be a delay in my application process and/or my application will be canceled.

Volunteer Applicant's Signature:

Date:

For School Use Only

Interview By Administrator's Name:

Date:

Administrator's Signature:

For HR Use Only

Time/Date Received: