



Turlock Unified School District

# LEVEL II VOLUNTEER SCHOOL SITE APPLICATION

## Section 1 – Volunteer Information

FULL LEGAL NAME: \_\_\_\_\_  
*Last First Middle Name Maiden Name/Alias*

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
*Street Number City State Zip Code*

MAILING ADDRESS (if different): \_\_\_\_\_  
*Street Number City State Zip Code*

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS (Optional): \_\_\_\_\_

CURRENT TUSD EMPLOYEE: YES  NO  If Yes, Position/Site: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, CONTACT: \_\_\_\_\_  
*Name Relationship Phone Number*

## Section 2 – Purpose and Availability

I want to volunteer as (check all that apply):  Class Helper  Chaperone  Mentor  Other: \_\_\_\_\_

TEACHER(S)/STAFF MEMBER(S) VOLUNTEERING WITH (if applicable): \_\_\_\_\_

STUDENT(S) AT THIS SCHOOL AND RELATIONSHIP (if applicable): \_\_\_\_\_

ORGANIZATION NAME AND PHONE (if applicable): \_\_\_\_\_

## Section 3 – Legal Disclosure

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? (Note: Do not include convictions for marijuana-related offenses if more than two years old).  YES  NO

If "Yes," please explain and list all convictions: \_\_\_\_\_

By submitting my application and in accordance with California Education Code Section 35021.1, I hereby authorize the school to conduct a background investigation and authorize release of information in connection with my application for volunteer status. In signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that any falsification on this application may result in denial or revocation of my volunteer relationship **I further understand that site administrators have the right to make final approval for all volunteers**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## THIS SECTION TO BE COMPLETED BY SCHOOL SITE

Acknowledgement: \_\_\_\_\_ Photo ID Copied: \_\_\_\_\_ Megan's Law: \_\_\_\_\_ \*TB Test Exp: \_\_\_\_\_  
*Date mm/dd/yyyy Date mm/dd/yyyy Date mm/dd/yyyy Date mm/dd/yyyy*

APPROVED FOR: \_\_\_\_\_  
*School Year*

APPROVED BY: \_\_\_\_\_  
*Site Administrator's Signature Date*

*\*Sites Must Maintain a Copy of Completed Packets (hard or electronic) for a Minimum of Three (3) Years*

**Turlock Unified School District**  
**Level II Volunteer Acknowledgement Form**

Thank you for your willingness to serve as a volunteer in Turlock Unified School District (TUSD). Volunteers are valued partners in supporting student learning and school programs. To ensure a safe and positive environment for all students, employees, and community members, we ask that all volunteers to complete applications packets for every school site they want to volunteer at. In order to volunteer, you must read and sign the following acknowledgments:

**District Policy**

I acknowledge that I have been provided and read all of all of Board Policy 1240 – Volunteer Assistance. This outlines that the District has established procedures for recruiting, screening, and placing volunteers in order to protect the safety of students and adults.

**Confidentiality**

I understand that, in the course of volunteering, I may learn personal or sensitive information about students, families, or staff. I agree to maintain strict confidentiality at all times and not share student or employee information with anyone outside of school staff who have a legitimate educational interest. I understand that any breach of confidentiality may result in termination of my volunteer privileges.

**Professional Conduct**

I agree to conduct myself in a professional and respectful manner while volunteering. I will follow all school rules and the directions of TUSD staff. I understand that I am expected to model appropriate behavior for students at all times.

I acknowledge that TUSD prohibits harassment, discrimination, and retaliation of any kind. I understand that I am expected to contribute to a safe environment free of harassment.

Finally, as noted in Board Policy 3513.3, I understand that tobacco use, in any form including an electronic device, is prohibited at all times on District property, in District vehicles, and at District-sponsored activities.

**Acknowledgment Regarding Child Abuse**

I understand that California law requires employees and certain other individuals to report suspected child abuse. While I may not be a mandated reporter as a volunteer, I acknowledge my responsibility to immediately share any concerns of suspected abuse with a TUSD employee or school administration.

**Safety and Supervision**

I agree to follow all safety rules and site procedures while volunteering. I understand that volunteers must always be under the supervision of a TUSD employee unless they are cleared as a Level III volunteer.

**Acknowledgment and Signature**

I have read and understand the above expectations and policies. By signing below, I agree to comply with TUSD volunteer requirements and procedures.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_



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**TUBERCULOSIS (TB) CLEARANCE FOR VOLUNTEER APPLICANTS**

**To serve as a Level II or Level III Volunteer in Turlock Unified School District (TUSD), you must provide proof of current tuberculosis (TB) clearance.**

**TB Clearance Requirements**

- Before volunteering may begin, you must either:
  - Take a tuberculosis (TB) risk assessment questionnaire (issued by the CA Department of Public Health) OR
  - Get a TB exam via a skin test or blood test; note if you do not pass the risk assessment questionnaire a TB exam will be required.
- If you already have a valid clearance, you may attach a copy to your Volunteer Application.
  - You may also request the school office or District Office to provide a copy of a previously submitted clearance.
- To get a TB clearance you can go to your physician or use the local walk-in clinic below:

**Work Wellness**

**1801 Colorado Ave, Suite 130**

**Turlock, CA 95382**

**Phone: (209) 216-3333**

**Walk-in service available before 4:30 p.m. (closed Thursdays)**

**Note: There is a \$25 fee and testing is at the volunteer's expense**

**Positive or False-Positive Test Results**

- If your TB test result is positive or false-positive, you will be required to provide clearance through a chest x-ray to confirm you are free of infectious TB.
- Your medical provider will explain this process and provide documentation for school submission.

**When do TB Clearances Expire**

- Once cleared by a risk assessment questionnaire or a skin/blood test you must repeat the TB risk assessment at least every 4 years.
- Once cleared via an X-ray to confirm you do not have infectious TB you will not need to retest again unless directed by the physician.

**Where to Submit TB Clearance**

- Level II Volunteers: Submit documentation to your school site office.
- Level III Volunteers: Submit documentation to the TUSD Human Resources Department along with your Level III Volunteer Packets.

## **Policy 1240: Volunteer Assistance**

**Original Adopted Date:** 04/28/2015 | **Last Reviewed Date:** 04/28/2015

The Board of Trustees recognizes that volunteer assistance in schools can enrich the educational program, increase supervision of students, and contribute to school safety while strengthening the schools' relationships with the community. The Board encourages parents/guardians and other members of the community to share their time, knowledge, and abilities with students.

The Superintendent or designee shall develop and implement a plan for recruiting, screening, and placing volunteers, including strategies for reaching underrepresented groups of parents/guardians and community members. He/she may also recruit community members to serve as mentors to students and/or make appropriate referrals to community organizations.

The Board prohibits harassment of any volunteer on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. (Government Code 12940)

As appropriate, the Superintendent or designee shall provide volunteers with information about school goals, programs, and practices and an orientation or other training related to their specific responsibilities. Employees who supervise volunteers shall ensure that volunteers are assigned meaningful responsibilities that utilize their skills and expertise and maximize their contribution to the educational program.

Volunteer work shall be limited to those projects that do not replace the normal duties of classified staff. The Board nevertheless encourages volunteers to work on short-term projects to the extent that they enhance the classroom or school and comply with employee negotiated agreements.

The Superintendent or designee shall establish procedures for determining whether volunteers possess the qualifications, if any, required by law and administrative regulation for the types of duties they will perform.

Volunteers shall act in accordance with district policies, regulations, and school rules. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

The Board encourages principals to develop a means for recognizing the contributions of each school's volunteers.

The Superintendent or designee shall periodically report to the Board regarding the district's volunteer assistance program.

### **Workers' Compensation Insurance**

The Board desires to provide a safe environment for volunteers and minimize the district's exposure to liability.

Upon the adoption of a resolution by the Board, volunteers shall be entitled to workers' compensation benefits for any injury sustained while engaged in the performance of service for the district. (Labor Code 3364.5)