



VOLUNTEER INFORMATION & REQUIREMENTS

To ensure a smooth clearance process, please read the following information and requirements. Please note that no volunteer activities may begin until all paperwork is finalized, fingerprint clearances completed, and human resources has confirmed clearance.

Volunteer Registration Form

Before beginning any other steps, complete the Volunteer Registration Form and have it signed by the OUHSD Administrator authorizing you to volunteer on their campus.

- The Principal
- The Assistant Principal
- District Office Director

Human Resources Appointment

Once your Volunteer Registration Form is complete you must **schedule** an onboarding appointment with Human Resources using this link :[Volunteer Onboarding Scheduler](#)

SCAN HERE



Required Documents for your Appointment:

- **Valid Identification:** A current Driver's License or Passport.
- **Social Security Card:** Physical Card
- **TB Clearance:** Documentation of a negative Tuberculosis test taken within the last 4 years.

Note on Fingerprinting: Level 2 & Level 3 Volunteers-During your HR appointment, you will receive a Live Scan form. Please be aware that the cost of fingerprinting is an out-of-pocket expense for the Volunteer and is required for background clearance.

☐ Level 1 Limited student contact <u>under the direct supervision of a certificated staff member</u> AND/OR assignment does not involve student contact but is recurring less than ten (10) hours a month	☐ Level 2 Recurring/weekly student contact under the supervision of a certificated staff member more than ten (10) hours a month	☐ Level 3 Recurring service with possible unsupervised direct contact with students while under the direction of a certificated staff member
Volunteers for events Small Groups 1:1 with direct supervision Performing Observation	Ongoing 1:1 or small group interaction. Assisting in classrooms or chaperoning study trips.	Therapist Clinician Overnight Chaperones Residency Program Intern Student Teacher

If you have any questions, please contact Kayla Toilolo, Human Resources Assistant at (805) 385-2500



VOLUNTEER REGISTRATION FORM

DIRECTIONS: Check mark below the volunteer level that best describes your intended volunteer service to OUHSD.

☐ Level 1 Limited student contact <u>under the direct supervision of a certificated staff member</u> AND/OR assignment does not involve student contact but is recurring less than ten (10) hours a month	☐ Level 2 Recurring/weekly student contact under the supervision of a certificated staff member more than ten (10) hours a month	☐ Level 3 Recurring service with possible unsupervised direct contact with students while under the direction of a certificated staff member
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PERSONAL INFORMATION

First Name	Last Name	Volunteer Site (School)		
Street Address	City	State	Zip Code	
Phone Number	Email			

BACKGROUND QUESTIONNAIRE-PLEASE RESPOND TO ALL QUESTIONS

- | | | |
|--|------------------------------|------------------------------------|
| 1. Please check whether you are a new or returning OUHSD Volunteer? | ☐ New | ☐ Returning |
| 2. Are you presently employed by OUHSD in any capacity? | ☐ YES | ☐ NO |
| 3. Do you have any criminal charges pending against you? | ☐ YES | ☐ NO |
| 4. Have you ever been convicted* of a felony or misdemeanor? | ☐ YES | ☐ NO |
| 5. Are you required to register as a sex offender under Penal Code 290.95? | ☐ YES | ☐ NO |
| 6. Have you ever been convicted* of a sex, drug or weapon related offense? *Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty. If "YES", please explain: _____ | ☐ YES | ☐ NO |
| 7. Please check whether you plan to drive for a field trip during the school year. | ☐ YES | ☐ NO |

VOLUNTEER ACKNOWLEDGMENT

Your volunteer registration will be processed in accord with clearance requirements established for each volunteer level. Volunteer assignments may be terminated, if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I understand that any costs associated with obtaining clearance will be at my expense and non-reimbursable, including but not limited to TB, fingerprints and immunizations, if required.

If requested, I will provide professional and/or personal references for purposes of a reference check. I will hold the District harmless and any individuals providing the district with information that may impact my volunteer clearance. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct", as well as the "Confidentiality of Student Information." found on page 2 of this document I will NOT serve in a volunteer capacity until I am cleared.

Volunteer Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

VOLUNTEER CODE OF CONDUCT

- Upon arrival, I will provide official identification and show identification as required by the school.
- I will follow the directives given by OUHSD staff.
- I will follow rules and code of conduct including dress code for the school.
- I will use only the adult bathroom facilities.
- I agree to never be alone with individual students without the authorization of teachers and/or school administration.
- I will maintain confidentiality outside of school and will share any concerns that I may have with teacher and school administration.
- I will not initiate unauthorized taking of or disseminating of student photographs or personal information about students, self or others.
- I agree not to transport students without the written permission of parents or guardians or without expressed permission of the school or district.
- I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
- I agree to report to the appropriate school site/district personnel when a student is in danger of hurting him/herself or others or being hurt by someone else.

CONFIDENTIALITY OF STUDENT INFORMATION

Thank you for volunteering at our site. Your assistance is extremely important and valued by our staff. In this role you are required to ensure that student information is kept confidential at all times. Only certain individuals, such as the principal or school nurse, are authorized to release, discuss or review information regarding students. The laws of confidentiality were developed to protect each person's rights to privacy, both student and guardian alike

- Refer all inquiries for student information to the principal or his/her designee, whether requested in writing, by phone, or in person.
- Regardless of where student information is found (on desk tops, in the computer, in file cabinets, or the health office), do not view, remove or discuss.
- Refrain from scoring, assessing, grading and recording student classwork, homework, quizzes and tests.

EXAMPLES OF STUDENT INFORMATION INCLUDED: *enrollment information; attendance information; health information; parent concerns; grades; student test data; teacher written/spoken comments.*

HUMAN RESOURCES USE ONLY-VOLUNTEER CLEARANCE

- | | | |
|--|--|--|
| ➤ ☐ Level 1 ☐ Volunteer Reg. Form
➤ ☐ Level 2 ☐ Volunteer Reg. Form
➤ ☐ Level 3 ☐ Volunteer Reg. Form
Reporter | ☐ State ID & SS
☐ State ID& SS
☐ State ID& SS | ☐ Megan's Law ☐ TB
☐ Megan's Law ☐ TB ☐ Fingerprints
☐ Megan's Law ☐ TB ☐ Fingerprints ☐ Mandated |
|--|--|--|

(Level 2 & 3 only):

Live scan/DOJ Clearance _____

Mandated Report Training Completed:_____

Human Resources Signature:_____

Date Cleared:_____



HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION

Volunteer Information

First Name: _____ Last Name: _____

I hereby request to participate in voluntary activities provided by the **Oxnard Union High School District (the "District")**.

Medical Treatment Authorization I understand that these activities/services may carry a risk of illness or injury. In the event of such an occurrence, I hereby consent to any necessary medical care, including:

- X-ray examinations and anesthetics.
- Medical, surgical, or dental diagnosis and treatment.
- Hospital care and emergency transportation.

This care is authorized as deemed necessary by the best judgment of the attending physician, surgeon, or dentist for my safety and welfare.

Waiver of Liability and Indemnification

As a condition of my participation, I acknowledge and agree to the following:

- **Insurance:** I understand the District does **not** provide liability, property, or medical insurance for volunteers regarding death, bodily injury, or loss of property.
- **Waiver:** I agree to waive all claims against the District and its officers, agents, and employees.
- **Indemnification:** I will hold the District harmless from any losses, suits, or judgments arising from my volunteer service, including those brought by my heirs or assignees.
- **Exception:** This waiver does not apply to occurrences arising solely from the negligence of the District or its agents.

Health and Medication Disclosure

☐ In the event of an emergency, please provide the following medication information to medical personnel:

Volunteer Signature: _____

Date: _____

In the event of an emergency, please contact:

Name: _____

Contact Phone Number: _____

Relationship: _____

Medical Insurance Carrier: _____