The Cardiff School District values the thousands of hours of service provided by school volunteers each year. To provide for student safety and well-being, volunteers are required annually to have the following documents on file in the school office:

- ♦ Negative TB Test Results *(completed by a physician or clinic and good for four years)*
  or
- ♦ Completion of the Tuberculosis Risk Assessment (completed by the school nurse and good for 4 years)
  (Nurse Paige is available two days each week. Please call the school office for an appointment.)
  and
- ♦ Signed Volunteer Clearance *(see below)*
- ♦ Mandated Reporter Training *(see below)*

All volunteers are asked to sign in at the school office and wear a school volunteer badge during each volunteer session.

Thank you for serving as a volunteer in the Cardiff School District. By giving your time and talent, you are making a difference in the lives of our children.

VOLUNTEER DOCUMENT REQUIREMENTS

_____ I understand that I must have a current negative TB Test Result Form or a Tuberculosis Risk Assessment, on file in the school office. Should there be a change in my health, I will inform the office and cease volunteering. ***(Please initial)***

_____ I understand that I may be working directly with students. I understand that confidentiality must be maintained with regard to student academic, social and emotional needs. ***(Please initial)***

_____ I understand that to begin volunteering, I must also have completed the district-provided annual Mandated Reporter training. ***(Please initial)***

VOLUNTEER CLEARANCE

EDUCATION CODE SECTION 35021

I, _____, am a volunteer with the Cardiff School District. I am not a person required to register as a sex offender pursuant to Section 290 of the Penal Code. I declare under penalty of perjury that I am aware of the amended Education Code Section 35021 and its application, and that I am not a registered sex offender nor am I required to register as a sex offender. ***(Please sign)***

Student Name(s) _____ School Site _____

Volunteer Signature _____ Date _____

Address _____ Phone Number _____

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