

SCUSD Volunteer Registration Form

Thank you for your time and interest in becoming a Sacramento City School District Volunteer!

You are not authorized to volunteer on any campus until the mandatory requirements have been fulfilled and you have been notified. If you will be a volunteer driver for any student activities, you must also complete the "Personal Automobile Use" form and fulfill the requirements of that process.

Personal Information

Last Name	First Name	Middle Initial	Date of Birth
Address	City	Zip	
Home Phone	Cell Phone	Work/Other	
Email Address			
Alice Birney Public Waldorf TK-8 School			
School Sites Where I Will Be Volunteering			
In Case of Emergency Notify	Relationship	Phone Number	
Place of Employment			
I am currently a Sacramento City Unified School District employee with fingerprints and TB clear on file.			
☐ YES ☐ NO			
For office use:			
☐ TB Clearance - Valid Through: _____ (Issuance date plus 4 years)			
☐ If necessary, X-Ray Clearance on file.			
☐ Fingerprint clearance- Date _____			
☐ Mandated Reporter Training- Date Completed _____			

I hereby certify that the information contained in this Registration Form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Registration Form may result in my failure to volunteer.

Signature of Volunteer

 Michelle Horning

***Signature of Site Administrator REQUIRED** (print & sign)

Date

08/06/26

Date

VOLUNTEER INTEREST FORM

Name: _____

Site/Program: Alice Birney

Home Phone: _____

Cell Phone: _____

Child's Teacher: _____

I am interested in volunteering in the following areas (check all that apply):

☐ Classroom Helper

☐ Reading to Children

☐ Share hobby or career information

☐ At-home work for classroom

☐ Field Trip chaperone

☐ Yard/Cafeteria Assistance

☐ Volunteer Coordination

☐ Library Assistance

☐ Photograph events

☐ Child care during on-site event

☐ Athletics

☐ Mentor Students

☐ Tutor Students

☐ Community Gardens

☐ Assist with fundraising

☐ One-time family events

☐ Other _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Name of student(s) & Grade _____

PHOTO RELEASE

I, _____, authorize the use of my photograph for school/district publicity purposes. I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents, and volunteers from any and all liability arising out of or connection with the use of my photograph and all liabilities associated with any and all claims related to such use of my photograph. For the purposes of this release, 'liability' means all claims, demands, losses, causes of actions, suits or judgments of any and every kind that arise as a result of the above described activity and resulting from any cause other than the District's gross negligence.

Signature: _____

Date: _____

Health and Safety Are Always Important

Adhere to District, school, and classroom policies rules and regulations.

Reminder: In order to ensure safety and minimize distractions to the learning environment, please do not bring infants or non-school age children to school with you when you are volunteering in the classroom. Volunteers are asked to arrange for off-campus childcare.

Refer any student in need of first aid or any type of medication to the teacher or front office.

Learn and follow fire drill emergency procedures and all school rules.

Notify the principal of any accident you had on school grounds. A written form must be submitted to the principal within 24 hours.

I agree to adhere to the above code of conduct at all times when I am a volunteer at a SCUSD school site or program. I understand that my volunteer status can be revoked at any time.

Alice Birney

Signature

Site

Date