NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT

Renewal: ☐

WAIVER AND RELEASE OF ALL CLAIMS

COACH AND VOLUNTEER AGREEMENT FORM (18 YEARS AND OLDER)

Pursuant to Education Code 45125, the District is authorized and obligated to establish a background screening process for Coaches and Volunteers wishing to serve in its schools.

Form must be completed every year if you wish to COACH or VOLUNTEER. Please provide all of the following information requested.

- ✓ If you were cleared last year, please check **Renewal** box at top. The site will notify you after confirmation from HR of TB and Fingerprint clearance. If there is a lapse of one year, new Fingerprint clearance is required.
- ✓ Process for first year volunteers: Completed form must have the Principal or Dept. Head signature. The form will then be given to Human Resources. Please bring your TB clearance, California Drivers License or Identification card. You will be given a Fingerprint Live Scan Form, and information of where you may make an appointment to get your fingerprints. It is the volunteers/coaches responsibility to follow through and complete the process in order to volunteer. We do not reimburse for volunteer TB's or Fingerprints.

Name: _____ **Birth Date:** _____

Address: _____ **(If Parent) your child's name:** _____

_____ **Drivers License /ID No.:** _____

Phone: _____ **School/Dept:** _____

Emergency Contact Information

Email: _____

Name: _____

Phone Number: _____

Have you ever been convicted of any offense other than a minor traffic violation? Yes ☐ No ☐

If yes, please explain, giving Dates: _____

☐ Classroom Volunteer
☐ School/Classroom Celebration
☐ Coach

☐ Fieldtrip
☐ Other (please list)

_____

WAIVER

I, the undersigned, hereby consent to perform service as a volunteer, without compensation or reimbursement, for the NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT.

I understand that I may be required to be fingerprinted for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code 58751.

I fully understand the type of service for which I am volunteering. I understand that I am responsible for my behavior and I will only perform volunteer service that I feel comfortable doing.

I agree to abide by all state and federal laws and policies/regulations of the Governing Board of the NMUSD.

I agree to indemnify and hold harmless the NMCUSD its officers, employees and agents, from all claims liability, or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the NMCUSD and activities associated with the volunteer program.

This authorization shall remain in effect while I am involved in the above described volunteer service for the NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT.

_____ _____

Volunteer Signature Date

Teachers Name: Teachers Signature:

Comments:

Description of Service to be performed: ☐ Supervised ☐ Unsupervised ***If Coach, will Coach receive stipend?*** ☐ YES ☐ NO

Signature (**Principal or Department Head**): _____

For Human Resources: ☐ TB TB Exp. _____ Fingerprint Clearance Received _____

Received, witnessed and background check completed for:

_____ _____

Print Volunteer Name Human Resources Signature Date