

Email Address: _____

Group Volunteering for: _____

SANTA MONICA – MALIBU UNIFIED SCHOOL DISTRICT VOLUNTEER ASSISTANCE

Last Name: _____

Expires: _____

TB CXR: yes _____ no _____

APPLICATION/AGREEMENT FOR VOLUNTEER SERVICES

THIS AGREEMENT is hereby entered into by the Santa Monica – Malibu Unified School District, hereinafter referred to as DISTRICT, and:

(Please Print) Volunteer's Last Name, First Name

Student's Name (If a parent)

Mailing Address City Zip Code

Phone Number

hereinafter referred to as VOLUNTEER.

VOLUNTEER agrees to provide to DISTRICT the services enumerated in Section D of this Agreement under the following terms and conditions:

- A. Services shall begin at _____ on _____
(school) (date)
and shall be completed on or before _____. (No more than four years from start date).
- B. VOLUNTEER understands and agrees that, while performing in a volunteer capacity, he/she is not an employee of the DISTRICT and not entitled to salary or benefits of any kind or nature normally provided employees of the DISTRICT.
- C. VOLUNTEER agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of VOLUNTEER'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by VOLUNTEER, and/or the VOLUNTEER'S younger dependents not yet enrolled in school.
- D. VOLUNTEER agrees to provide proof of TB **Certificate of Completion** prior to service.
- E. VOLUNTEER agrees to provide proof of Immunization Clearance for Pertussis, Measles and Influenza in accordance with SB 792 Health and Safety Code for California Child Day Care Facilities. For preschool volunteers only.
- F. VOLUNTEER agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to VOLUNTEER, **including compliance with Education Code 35021 - Requirements for Voluntary Service in Schools.**
- G. I understand that, in connection with my application as a volunteer, the District will obtain information bearing upon my volunteer services, including Megan's Law information and public record information, documenting convictions, civil judicial actions, tax liens or outstanding judgments against me.
- H. Volunteers must honestly answer the two questions below. If the answer is yes to either question, you must attach a written explanation, including the dates, the specific crimes, and the city, county and state in which they occurred.

- a. Have you ever been convicted of any sex offense or any felony?

☐ Yes ☐ No

- b. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order?

☐ Yes ☐ No

- I. I am applying to be a ☐ Level I Volunteer ☐ Level II Volunteer (See attached description)

- J. I ☐ **will** ☐ **will not** be driving students as a part of my volunteer service.

Describe anticipated volunteer services: _____

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND I AGREE TO ALL TERMS AND CONDITIONS. I AGREE TO INFORM THE SCHOOL PRINCIPAL IN A TIMELY MANNER IF ANY INFORMATION ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Signature

Date

Print Name

Do Not Write Below This Line

This Volunteer shall be: ☐ Level I Volunteer ☐ Driving Students
☐ Level II Volunteer

Level I Volunteer To be Completed by the School Application Complete: _____ Megan's Law Check: _____ (Date) Initials: _____ _____ (Date) Initials: _____ _____ (Date) Initials: _____ _____ (Date) Initials: _____ TB Certificate of Completion ☐ Attached PRESCHOOL ONLY: Immunization Clearance ☐ Attached _____ (Date) Initials: _____ _____ (Date) Initials: _____ _____ (Date) Initials: _____ _____ (Date) Initials: _____

Level II Volunteer To be Completed by the School Application Complete: _____ (Date) Initials: _____ TB Certificate of Completion ☐ Attached To be Completed by the District Fingerprint Check _____ (Date) Initials: _____

If the volunteer will be driving students, attach driver's license and proof of insurance and complete below:

Level II Volunteer Driving Students	
To be Completed by the District	
DMV Check	
_____ (Date)	Initials: _____

Principal Approval: _____
(Signature) (Date)

Santa Monica-Malibu Unified School District

Tuberculosis Clearance and Emergency Contact Information Form for Staff/Volunteers

Name: _____ Date: _____

Position: _____ School: _____ Date of Birth: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____

Phone Number: _____

Please note: *The California Health and Safety Code, Section 121525-121555, and the California Education Code, Section 49406 require staff/volunteers to document tuberculosis clearance within sixty (60) days before starting and every four years thereafter. The staff/volunteer will be required to have the Adult Tuberculosis Risk Assessment Questionnaire administered by a health care provider.*

This is to certify that to the best of my knowledge:

1. I have had a **positive TB skin test** or **active TB** in the past: ☐ Yes ☐ No
If yes, a chest x-ray will be required.
2. I have one or more signs or symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue): ☐ Yes ☐ No
3. I have had close contact with someone with infectious TB disease: ☐ Yes ☐ No
4. I was born **OUTSIDE** of the USA / Canada: ☐ Yes ☐ No
If yes, Name of Country: _____
5. I have traveled outside the USA / Canada for 1 month or more: ☐ Yes ☐ No
If yes, Name of Country: _____
6. I have volunteered, worked or lived in a correctional facility or homeless shelter: ☐ Yes ☐ No

I hereby swear and affirm that all answers and statements herein contained are true, and I agree and understand that any misstatements of material facts contained in this application **may** cause forfeiture upon my part of all rights to work or volunteer, either present or future, in the services of the Santa Monica – Malibu Unified School District.

Date: _____ Signature of Applicant: _____

DESCRIPTION AND EXAMPLES OF LEVEL 1 AND LEVEL 2 VOLUNTEERS

LEVEL 1 Volunteers Working Under the Constant Direct Supervision of a Certificated Employee

These volunteers serve during and after school hours to work in classrooms, on the campus, or in special school programs. Examples would include: lunch assistant, playground supervision, classroom aide or helper, assisting in the library, and assisting at lunch or after school club or school activity.

LEVEL 2 Volunteers Working Under the Supervision of Certificated Employee But Occasionally Unsupervised While Working with Students

Examples would include athletic coaches, performing arts coaches, tutors, chaperones on overnight trips, and volunteers who drive vehicles transporting students other than their own child on field trips or other activities.

Use the following chart as a guide to the application requirements for volunteers.

REQUIREMENTS FOR VOLUNTEERS

	LEVEL 1 Under the Constant Direct Supervision of a Certificated Employee	LEVEL 2 Under the Supervision of Certificated Employee, but Occasionally Unsupervised While Working with Students
Examples of Activities:	∞ lunch supervision ∞ playground supervision ∞ classroom aide or helper assisting in library ∞ lunch or after school club or activity assistance ∞ volunteers who chaperone field trips (non-overnight)	∞ athletic coaches ∞ performing arts coaches ∞ tutors ∞ chaperones on overnight trips
Volunteer Application	Yes	Yes
TB Risk Assessment/Certificate of Completion – Every 4 Years	Yes	Yes
Megan’s Law Check – Every Year	Yes	No
Driver’s License and DMV Check	For Field Trip Drivers Only	Only if driving students
Site-level Approval (Site Administrator)	Yes	Yes
District-level Approval (Human Resources)	No	Yes
Fingerprint Clearance	No	Yes
Immunization Clearance (pertussis, measles, annual flu)	Preschool only	Preschool only

Preschool Volunteer Immunization Requirement

In accordance to the Health and Safety Code for California Child Care Facilities Section 15976-1597, all employees and volunteers at a licensed Child Care Center must be immunized against influenza, measles and pertussis.

Preschool Volunteers must submit immunization requirements with their volunteer packets and TB Clearance.

Flu Vaccine:

One of the following records must be submitted annually prior December 1st :

- ∞ A copy of an immunization record for influenza dated between August 1 and December 1 of each year
- ∞ A written statement from a licensed physician declaring there is a medical condition that precludes the volunteer from vaccinations.
- ∞ A written statement from a licensed physician stating that the volunteer has evidence of current and sufficient immunity to influenza
- ∞ A signed statement from the volunteer stating that they have declined to be vaccinated against the flu

Pertussis (Whooping Cough) and Measles:

One of the following records must be submitted prior to volunteering:

- ∞ A copy of immunization records for pertussis and measles (any age).
- ∞ A written statement from a licensed physician stating that the volunteer has evidence of current and sufficient immunity to measles and pertussis (i.e. titer blood test)
- ∞ A written statement from a licensed physician declaring there is a medical condition that precludes the volunteer from vaccinations. This statement should also indicate whether the exclusion is permanent or temporary.
- ∞ Adults born prior to 1957 are considered immune and will not be required to submit evidence of current immunity.