

VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure # 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

SCHOOL YEAR:

2015-2016

SAN DIEGO UNIFIED SCHOOL DISTRICT

Community Relations Department

SCHOOL VOLUNTEER APPLICATION

DATE _____ Teacher/s _____ SCHOOL Grant K-8 School

FULL NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ DATE OF BIRTH _____
(STREET) (CITY) (ZIP) MO/DAY/YR

HOME PHONE _____ E-MAIL _____ ID # _____
Gov Issued ID Type _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)

CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer. ___ New ___ Returning

Are you also a volunteer at another SDUSD school? ___ YES ___ NO

If yes, please indicate the school(s): _____

Do you have any criminal charges pending against you? ___ YES ___ NO

Have you ever been convicted* of a felony or misdemeanor? ___ YES ___ NO

Have you ever been convicted* of a sex, drug or weapon related offense? ___ YES ___ NO

Are you required to register as a sex offender under Penal Code 290.95? ___ YES ___ NO

*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: _____

Parent Volunteers: Please check whether you plan to drive for a field trip during the school year. ___ YES ___ NO

Please list the name(s) of your child(ren): _____

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. 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 give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. 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."

Volunteer Signature: _____ Date: _____

TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): _____

Volunteer category (check appropriate box and indicate date cleared):

- Category B + Megan's Law database check - cleared _____
Category C + SDUSD School Police background check - cleared _____
Category D + Fingerprinting - cleared _____

Type of volunteer (check if appropriate):

- Parent OASIS Volunteer CalWORKS
Community Rolling Reader/EAR Other
Partner College Student

Volunteer service ended (date): _____

Reason for leaving:

- Child no longer at school
Moved Illness
Employment Requested to Leave
Other

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS.



San Diego Unified School District
Community Relations Department
School Police Services

REQUEST TO CONDUCT VOLUNTEER SCREENING

(Please check the appropriate request)

2015-2016

- CATEGORY C - CRIMINAL BACKGROUND CHECK
RETURNING CATEGORY D VOLUNTEER - CRIMINAL BACKGROUND CHECK
CATEGORY D VOLUNTEER - FINGERPRINT

Date: Requesting School: Grant K-8 School Vol. Coord. Maricela Delgado

Volunteer Name: First Name Full Middle Name Last Name

List any other names used in the past:

Address: City: Zip:

Date of Birth: Month Day Year Phone:

Driver's license #: State issued:

Other Gov. Issued ID type (if no driver's license): ID #
(Please note: By recommendation from the Department of Justice, Mexico identification and voter registration cards may not be used to conduct background checks or fingerprinting. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.)

Please indicate whether you are a new or returning volunteer: New Returning

Are you a volunteer at another SDUSD school? YES NO

If yes, please list the school(s):

Parents: please list the name(s) of your student(s):

Please check volunteer activity: On-site tutor outside of classroom (Cat C) Overnight field trip chaperone (Cat D)
Walk-on coach/Athletic Support (Cat D) Other

Are you being compensated for your services? YES NO

For SDUSD School Police Services office use only:

Ok to volunteer Deny as volunteer

By: SDUSD School Police Services Date:

School volunteer coordinators: Please check that form is complete. Incomplete forms will be returned to the school.

CATEGORY C VOLUNTEER BACKGROUND REQUEST: Send completed form to:

SDUSD School Police Services, Safe Schools Analyst
Eugene Brucker Education Center, EOC; or fax to 619-725-7169

Results will be returned to the school site volunteer coordinator within 2 weeks.

CATEGORY D VOLUNTEER FINGERPRINT REQUEST:

Instructions for Category D Volunteer:

Please call SDUSD School Police Services Livescan Unit at (619) 725-7015 for more information on hours and appointment scheduling. There is no charge to the volunteer for the fingerprinting.

Please bring this completed form and a current government-issued picture ID (driver's license, passport, military ID) to:
SDUSD School Police Services Livescan Unit
4100 Normal Street, EOC
San Diego, CA 92103

Results will normally be returned to the school site volunteer coordinator within 2 weeks of the date of fingerprinting. However, poor quality fingerprints or the need to research information on an applicant's background may result in a delay of results from the Department of Justice.

San Diego Unified School District
VOLUNTEER TUBERCULIN TEST CARD

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	USUAL VOLUNTEER LOCATION (School)
HOME ADDRESS (NUMBER AND STREET)		CITY	ZIP	PHONE NO.

INTRADERMAL TUBERCULIN TEST - VOLUNTEER

Be sure this certificate is filed with the Volunteer Coordinator at your school.
Failure to comply with this requirement will prevent your continual volunteer service with the District.

CERTIFICATE OF TUBERCULOSIS EXAMINATION

48-72 hour reading of intradermal tuberculin test was: Positive Negative

Date of skin test _____

Date read _____ Induration _____ m.m

School Nurse

Date

CERTIFICATE OF TUBERCULOSIS EXAMINATION

I certify that I am a physician and surgeon licensed under Chapter 5 of Division 2 of the Business and Professional Code of the State of California; that I have examined the results of an intradermal tuberculin test and/or an x-ray of the lungs of the above-named person, and I have found him/her free from active tuberculosis.

Physician and Surgeon

Date

NOT VALID IF UNSIGNED BY PHYSICIAN