

**ADULTS THAT WILL PARTICIPATE IN THE CLASSROOM WITH CHILDREN (VOLUNTEERS) ARE REQUIRED TO FOLLOW THE OUTLINED STEPS BELOW:**

**Sacramento City Unified School District's Volunteer Process Step-By-Step**

- ALL Volunteers **MUST** complete the SCUSD Volunteer Application at <https://www.scusd.edu/document/volunteer-packet> (Available on the SCUSD website)  
\* SCUSD Volunteer Application attached
- *The Volunteer Application requires signature approval from the school administrator.* Return your Volunteer Application either to your teacher, or to Maria Alfaro at 5241 J Street, Sacramento, CA 95819 between the hours of 8:00 a.m. to 3:00 p.m.

**ONCE YOU HAVE SUBMITTED YOU COMPLETED VOLUNTEER APPLICATION, YOU WILL BE GIVEN THE FINGERPRINTING FORM TO COMPLETE THE NEXT STEP.**

- ALL Volunteers **MUST** Live Scan fingerprint. **Volunteers are responsible for the fingerprinting costs.** (*Estimated cost is between \$47.00 - \$87.00 depending where you are fingerprinted*). The lowest cost will be through the Sacramento City Unified School District (916-643-7401 to schedule your appointment – TAKES LONGER FOR APPOINTMENT AND RESULTS), the Department of Justice at 5706 Broadway (NO APPOINTMENT NEEDED), UPS, or any other location that offers fingerprinting.
- ALL Volunteers **MUST** provide a TB skin test (or chest x-ray) clearance. If you have had a TB skin test done in the past 4 years it is valid, as long as you provide proof.
- ALL Volunteers **MUST** provide proof (certificate) of the completion of the Mandated Reporter Training:  
<https://mandatedreporterca.com/training/school-personnel>  
<https://vimeo.com/337917953>

**ONCE THE CRIMINAL BACKGROUND CHECK IS COMPLETE, THE SCUSD HUMAN RESOURCES DEPARTMENT WILL CONTACT THE DESIGNATED SCHOOL SITE WITH PERMISSION TO BEGIN VOLUNTEER SERVICES AT THE LOCATION OF ENROLLMENT.**

If you have any further questions, please feel free to contact Maria Alfaro at 916-395-5780 or at [alfarom@scusd.edu](mailto:alfarom@scusd.edu).

Sacramento City Unified School District  
Adult Education Division

**Student Registration**

A. Warren McClaskey Adult Center

**For Office Use Only**

I.D. #: \_\_\_\_\_

Teacher: \_\_\_\_\_

Section #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Adult's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_ Adult's Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Gender: Male / Female

Telephone: ( ) \_\_\_\_\_ Alternate Telephone: ( ) \_\_\_\_\_

=====

<p><b>Race:</b></p> <p>White- ----- <input type="checkbox"/></p> <p>Asian- ----- <input type="checkbox"/></p> <p>Black or African American - <input type="checkbox"/></p> <p>Native Hawaiian or Other Pacific Islander - - - - <input type="checkbox"/></p> <p>Filipino- ----- <input type="checkbox"/></p> <p>American Indian- ----- <input type="checkbox"/></p> <p>Alaska Native- ----- <input type="checkbox"/></p> <p><b>Native Language:</b> _____</p> <p><b>Are you Hispanic or Latino?</b> Yes / No</p>	<p><b># of years of school:</b> _____</p> <p><b>Highest Education:</b></p> <p>None- ----- <input type="checkbox"/></p> <p>GED- ----- <input type="checkbox"/></p> <p>H.S. Diploma- ----- <input type="checkbox"/></p> <p>Tech. Certificate- ----- <input type="checkbox"/></p> <p>AA/AS Degree- ----- <input type="checkbox"/></p> <p>4 yr. College Grad.- ----- <input type="checkbox"/></p> <p>Graduate Studies- ----- <input type="checkbox"/></p> <p>Some College – No Degree - - - <input type="checkbox"/></p> <p>Other- ----- <input type="checkbox"/></p> <p><b>Diploma/Degree earned in the U.S.?</b> Yes / No</p>
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<p><b>Employment Status:</b> (Mark only one)</p> <p>Employed- ----- <input type="checkbox"/></p> <p>Unemployed- ----- <input type="checkbox"/></p> <p>Not employed/not seeking- - <input type="checkbox"/></p> <p>Retired- ----- <input type="checkbox"/></p> <p>F/T Student- ----- <input type="checkbox"/></p>	<p><b>Student Types (Check all that apply)</b></p> <p>Regular Adult- ----- <input type="checkbox"/></p> <p>CalWorks/TANF- ----- <input type="checkbox"/></p> <p>Comm. Corrections- ----- <input type="checkbox"/></p> <p>Dislocated Worker- ----- <input type="checkbox"/></p> <p>Displ. Homemaker- ----- <input type="checkbox"/></p> <p>Food Stamps- ----- <input type="checkbox"/></p> <p>General Assistance- ----- <input type="checkbox"/></p> <p>Halfway House ----- <input type="checkbox"/></p> <p>Homeless- ----- <input type="checkbox"/></p> <p>Refugee- ----- <input type="checkbox"/></p> <p>Rehabilitation- ----- <input type="checkbox"/></p> <p>SSI- ----- <input type="checkbox"/></p> <p>Single Parent- ----- <input type="checkbox"/></p> <p>Veteran- ----- <input type="checkbox"/></p> <p>Cognitive Impaired- ----- <input type="checkbox"/></p> <p>Disabled- ----- <input type="checkbox"/></p> <p>Health Impaired- ----- <input type="checkbox"/></p> <p>Hearing Impaired- ----- <input type="checkbox"/></p> <p>Learning Disorder- ----- <input type="checkbox"/></p> <p>Orthopedic Impaired- ----- <input type="checkbox"/></p> <p>Special Needs- ----- <input type="checkbox"/></p> <p>Speech Impaired- ----- <input type="checkbox"/></p> <p>Visually Impaired- ----- <input type="checkbox"/></p> <p>Other- ----- <input type="checkbox"/></p> <p>_____</p> <p><b>Specify Other</b></p>
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By my signature below, I verify that all information is true and correct to the best of my knowledge.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A0283

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Sacramento City Unified School District

Agency Authorized to Receive Criminal Record Information

5735 47th Ave

Street Address or P.O. Box

Sacramento

City

CA

State

95824

ZIP Code

03353

Mail Code (five-digit code assigned by DOJ)

Cancy McArn, Chief Human Resources Officer

Contact Name (mandatory for all school submissions)

(916) 643-7452

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex  Male  Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

## PARENT PARTICIPATION PRESCHOOL PROGRAM INTEREST AND AGREEMENT FORM

This form is for interested participants and constitutes an agreement to participate in the Parent Education Preschool Program (PPPP) for the **2023-2024 school year** and subject to the PPPP obtaining the required number of participants.

**By completing the form below and providing your signature you are expressing your interest in participating in the PPPP for the 2023-2024 school year. You understand that your PPPP class is subject to a required number of participants in order to commence for the 2023-2024 school year.**

**If the required number of participants express their interest to participate in the PPPP for the 2023-2024 school year, you understand that this form constitutes an agreement to participate in the PPPP, including – but not limited to – paying associated student fees on time outlined in the fee schedule directly below; completing Sacramento City Unified School District’s volunteer guidelines and requirements; and adhering to the PPPP policies outlined in the Parent Education Preschool Program Contract.**

The program follows the exact school term to be set by the district. Participants are responsible for the entire cost of their program enrollment. As a courtesy, students will be allowed to pay program fees on a monthly basis, however, the program operational costs are incurred, yearly, and students are responsible for covering the entire cost of the program. Program yearly costs for students who move between the Toddler, 1-day, 4-day, and 5-day programs will be adjusted, accordingly. *Partial months are not prorated.* **Program fees will only be refundable according to the Refund Policy below.**

### FEE SCHEDULE

Student fees for the **2023-2024** school year are as follows (*partial months are not prorated*):

- \$75.00 non-refundable matriculation fee per child/toddler\*\* (due as soon as possible to secure space).
- Child fee schedule
  - 4 days in class per week = \$197.00 per month (**Yearly fee = \$1,970.00**)
  - 5 days in class per week = \$241.00 per month (**Yearly fee = \$2,410.00**)
- Toddler fee schedule\*\*
  - 1 day per week on Fridays = \$86.00 per month (**Yearly fee = \$860.00**)  
(schedule set by individual teacher/site)

\*\*Toddlers must be two years old and parents must attend ALL classes with their toddlers  
Yearly fees are applied from September through June.

**PARENT PARTICIPATION PRESCHOOL PROGRAM  
INTEREST AND AGREEMENT FORM**

**REFUND POLICY:**

<b>Parent Participation Preschool Program Refund Policy Based on the Fees for Entire Year</b>	
<b>Percentage of Attendance</b>	<b>Percentage of Annual Program Fee Refund</b>
Cancelled by School	100%
Up to 10%	90%
Over 10%, Up to 25%	50%
Over 25%, Up to 50%	25%
Over 50%	No Refund

*Note: The program operational costs are incurred yearly. Students paying fees monthly are responsible for the entire program cost, less any refunds owed. Students requesting a refund must do so in writing on an official SCUSD Request for Refund form, AFTER submitting an official program drop form. Refunds checks are mailed from the SCUSD district, and can take up to 6 weeks for processing. **Unpaid program balances will be charged against the student's account and can be sent to collections for non-payment.***

<b>Adult's First, Last Name</b>	
<b>Adult's Signature</b>	
<b>Date of Adult's Signature</b>	
<b>Child's First, Last Name</b>	
<b>Child's Date of Birth</b>	
<b>Adult's Address</b>	
<b>Adult's Telephone Number</b>	
<b>Adult's Email Address</b>	
<b>Day(s) Intended to Participate Per Week (Circle Applicable Option)</b>	1 day      4 days      5 days
<b>Are you enrolling in the Toddler class?</b>	Yes                      No



Dear Volunteer,

We are pleased that you have decided to participate in the Sacramento City Unified School District (SCUSD) Volunteer Program! As parents, grandparents, neighbors and community members you have valuable ideas, talents and time to share with our students and our schools. As a volunteer, your deeper engagement directly supports the District's guiding principle:

"Ensuring every student has an equal opportunity to graduate with the greatest number of postsecondary choices from the widest array of options."

It is our belief that our volunteer programs are beneficial to everyone involved. Volunteers help foster stronger school/community relationships by creating a common ownership in the success of our schools, as well as, demonstrating the importance of community service to our students. All SCUSD Volunteer Program requirements are designed with student and adult safety in mind.

The SCUSD Volunteer Program provides support and guidance to schools to help them facilitate their parent and community engagement programs. Currently, volunteers work in a variety of capacities: doing work from home; acting as tutors/mentors; providing assistance in the classroom; participating on business/community partnership advisory boards; assisting in a school's main office or library/media centers and organizing fundraising efforts for school foundations, scholarships, field trips and extra-curricular activities.

**This packet includes:**

- **Virtual Volunteer Protocols and Approvals**
- Definition of the role of a parent/guardian visitor
- Definition of the role of a volunteer
- Volunteer Registration Process
- Volunteer Registration Form (maintained at site with a copy to Volunteer Office)
- Code of Conduct (maintained at site with a copy to Volunteer Office)
- Volunteer Fingerprinting and Criminal Background Check Authorization
- Volunteer Interest Form (maintained at site)
- Volunteer Rules and Regulations –Administrative Regulation (AR 1240) and School Board Policy (BP 1240)

**If you have any questions, please direct them to the District Volunteer Office at (916) 643-7924.**

## Definition of a Parent/Guardian Visitor

### Parent/Guardian Visitors\*

Sacramento City Unified School District wants to encourage parents/guardians to be active participants in their child's education. While some parents/guardians may not be able to volunteer on a regular basis, there are still opportunities to be involved at the school site.

**Parent Visitors do not have the same definition as a volunteer.**

A Parent/Guardian Visitor is a parent /guardian who visits the school on an intermittent basis, **no more than 10 days out of the 180-day school year**, to participate in activities in view of school staff and are never alone with students.

**Parent/Guardian Visitors may:**

- Attend a classroom/school event, school fair, recognition ceremony or school celebration.
- Visit the classroom or lunchroom on a limited basis.
- Act as a presenter for a classroom/school event such as Career Day.
- Participate in school beautification projects such as a School Garden Day.

**Parent/Guardian Visitors on field trips:**

- Limited to day field trips only, **no overnights.**
- Parent/Guardian visitors are allowed to take only their own child on field trip with prior approval from Administrator.
- Parent/Guardian visitors must also make arrangements with their child's teacher to be on the field trip list prior to the event.
- Parent/Guardian visitor must wear a **visitor identification badge** at all times.
- Parent/Guardian visitor must remain with their own child throughout the field trip.
- Parent/Guardian visitor must never be alone with other children.
- Teachers must not allow visitors to supervise children other than their own.

## Visitor Identification

All visitors must sign-in at the front office and wear an identification badge at all times.

**\*For more information on school/classroom visitation, please refer to the SCUSD Annual Parent and Student Rights Notification and Standards of Behavior.**

### SCUSD Visitor Code of Conduct

As a Visitor, we ask that you follow our SCUSD Visitor Code of Conduct:

- Understand that your role is a supportive one. The teacher and principal are completely in charge. If the teacher leaves the room, the teacher in the next room assumes responsibility. **You must not be left in charge of a classroom. You may not be alone with students.**
- As a courtesy, please notify your child's teacher, if you plan to visit the classroom.
- Remember, visitors in a classroom for observation of their student may not interrupt teaching. If you have questions for the teacher, please ask them outside of class time.
- Maintain student confidentiality at all times. Do not discuss any student other than your own.
- Use good judgment and avoid any compromising situations. Never be left alone with students out of view of other people. Always use adult bathrooms.
- Please do not take pictures or videos of students, other than you own, without permission.
- Please maintain a constructive attitude. Don't make negative comments about the school, its personnel or the students in front of students.
- Sign in each time you visit.
- Please dress and act as a role model.
- Remember, SCUSD has a zero tolerance policy. Never be under the influence of drugs or alcohol when with students on or off school grounds.
- Do not smoke on school grounds or at any time around students.
- Do not use cellphones in the classroom or at any time around students.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Definition of a SCUSD Volunteer

### **Volunteer Definition\***

A volunteer is a parent/guardian, community member or other adult who assists at a school site or program on a regular or semi-regular basis. Also, parents/guardians who observe or visit their child at school on a scheduled basis and stay more than 15 minutes each time are considered volunteers.

Authorized parents/guardians are not prohibited from visiting their child's classroom or school campus, if that visit is in compliance with Board Policy, school rules and applicable law. A parent/guardian picking up their child from school or occasionally observing or visiting their child's school is not considered a volunteer.

### **Volunteer activities include, but are not limited to:**

1. Coaching
2. Short term supervision of students
3. One on one tutoring or mentoring outside the classroom or other supervised setting
4. Attending or chaperoning school sponsored trips
5. Transporting students in private vehicle
6. Student observation as part of a formal teacher preparation program
7. Any other volunteer activity, including that done by parents in child care and developmental programs, where there is a possibility of unsupervised contact with children
8. Any other volunteer activity where the funding agency requires such a criminal record clearance

### **Volunteers who chaperone field trips:**

Refer to site administrator for direction and clearance.

### **Volunteer Drivers (Optional):**

If you wish to volunteer to drive students other than you own to a field trip or event, please fill out the Driver's Form included in this packet.

### **Exclusion of Volunteers:**

- Any person who is required to register as a sex offender shall not serve as a volunteer.
- Any person who has been convicted of a serious or violent felony shall not serve as a volunteer.
- Any person arrested for a serious or violent crime shall not serve as a volunteer.
- For any other conviction, the Superintendent or designee has the discretion to deny volunteer service depending on the nature of the conviction.

### **Volunteer Identification:**

- Volunteers are required to sign in at the front office and wear Identification badges.

### **Tuberculosis Testing:**

- No volunteer will be allowed to provide supervision or instruction to students without proof of a TB examination within the past 60 days indicating that she/he is free of active tuberculosis.
- Per Education Code, a volunteer who has volunteered or has been employed in another school district will be approved to volunteer if they can provide written verification from the former district that they were examined within the past four years and found to be free of communicable tuberculosis.
- A volunteer who has a negative skin test is required to re-take a tuberculosis test every four years.
- A prospective volunteer who has a positive skin test must provide proof of a clear chest x ray indicating she/he is free of active tuberculosis prior to being allowed to provide supervision or instruction of students. An annual questionnaire is required to be completed by the volunteer and reviewed by the District's Health Services Department.

**Workers' Compensation:**

Unsalaries volunteers may be considered employees of the district for worker's compensation insurance purposes. If injured while serving as a volunteer in the district they must call the workers' compensation reporting line at: (916) 643-9299 or (916) 643-9421.

\*For additional information about SCUSD Volunteer Policy, please refer to the summary of Administrative Regulation (AR 1240) and School Board Policy (BP 1240) that are relevant to SCUSD volunteers.

## SCUSD Volunteer Registration Process

In order to start volunteering, you need to have the following items on file with your school:

1. A current and completed volunteer registration form.
2. Copy of a recent TB Test or chest x-ray form/ card indicating a negative result.
3. A completed and cleared Volunteer Criminal Background Check Authorization Form (BC-1).
4. Have participated in a volunteer orientation conducted at your school.

- **SCUSD Volunteer Registration Form**

**This must be completed each school year. This form will be maintained at your school site.**

**Mandatory tracking in Infinite Campus by school site Office Manager.**

- **TB Testing**

TB tests can be done through your doctor, or various Medical Clinics. **All TB tests are a two-step process; administered and then read two days later.** If you ever had a “positive” skin reading, please bring in a clear chest x-ray card or form. You will be asked to complete an annual TB questionnaire.

No volunteer will be allowed to provide supervision or instruction to students without proof of a TB examination within the past 60 days indicating that she/he is free of active tuberculosis.

Per Education Code, a volunteer who has volunteered or has been employed in another school district will be approved to volunteer if they can provide written verification from the former district that they were examined within the past four years and found to be free of communicable tuberculosis.

A volunteer who has a negative skin test is required to re-take a tuberculosis test every four years.

A prospective volunteer who has a positive skin test must provide proof of a clear chest x ray indicating she/he is free of active tuberculosis prior to being allowed to provide supervision or instruction of students. An annual questionnaire is required to be completed by the volunteer and reviewed by SCUSD Health Services Department.

- **Fingerprinting**

Fingerprinting must be done at the SCUSD Serna Center or at another site using the SCUSD Fingerprint Form which includes: CODE ASSIGNED BY DOJ – “A0283”; and MAIL CODE ASSIGNED BY DOJ – “A3353”. You must have a completed Volunteer Fingerprinting and Criminal Background Check Authorization (BC-1) form, signed by the school site administrator (Principal), with you. **The cost for volunteer fingerprinting at SCUSD is \$47.00. This can be paid by personal check, money order or cash (exact change only), debit or credit card.** Fingerprints are “good” for the duration of “uninterrupted” volunteering in the District. If you have fingerprints on file with SCUSD you do not need to complete this process again.

**Call the Fingerprinting Office at 643-7449 for more information. Hours of operation are Monday – Friday 8:00 a.m. – 4:30 p.m. Processing takes 3-4 weeks.**

- **Volunteer Orientation**

Vetted volunteers must meet with school staff to review Volunteer Rules and Regulations and site policy and procedures.

**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 make arrangements for off-campus child care.

### SCUSD Volunteer Registration Form

Thank you for your time and interest in becoming a Sacramento City School District Volunteer! As part of the pre-volunteer process, you are required to undergo a Fingerprint Background Check (BC-1) and have a TB clearance. **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
Previous Names (maiden name, alias, etc.)			
Address		City	Zip
Home Phone	Cell Phone	Work/Other	
Email Address			
School Sites Where I Will Be Volunteering:			
In Case of Emergency Notify	Relationship	Phone number	
Place of Employment			
<b>I am currently a Sacramento City Unified School District employee with fingerprints and TB clear on file.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please bring your completed negative TB test to your site.			
<input type="checkbox"/> TB Clearance Attached – Valid Through: _____ (Issuance date plus 4 years)			
<input type="checkbox"/> If necessary, X-Ray Clearance on file.			
<input type="checkbox"/> I have fingerprint clearance on file with the SCUSD HR Department. Year 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	Date
<b>*Signature of Site Administrator REQUIRED</b> (print & sign)	Date

**\*NOTE: Site Administrator Signature is mandatory to apply as a SCUSD Volunteer**

Education Code §3502 prohibits the District from allowing a person required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code § 290.4

## SCUSD Volunteer Code of Conduct

### **As a Volunteer, Your Role and Responsibilities in the School Are Unique**

- **Understand** that your role is a supportive one. The teacher and principal are completely in charge. If the teacher leaves the room, the teacher in the next room assumes responsibility. You must not be left in charge of a classroom.
- **Remember** volunteers are only permitted to work with students on school grounds and under the supervision of certificated staff. Have no outside contact with an individual student unless authorized by administration or parents.
- **Maintain** student confidentiality at all times. Do not discuss any student with anyone except teachers, counselors, and volunteer coordinators.
- **Don't** make promises you can't keep. Avoid saying things like *"study hard and you'll definitely pass the test."*
- **Use** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one student out of view of other people. Always keep the door open. Always use adult bathrooms.
- **Strictly** follow volunteer guidelines and discipline practices. Physical discipline is absolutely prohibited. Ask the teacher and volunteer coordinating staff for assistance with problematic student behavior.
- **Report** immediately to a staff person any physical abuse or sexual exploitive behavior towards a student.
- **Don't** engage students on any social media site, email, texts or take or show your picture or student's pictures/videos on your phone or other media devices

### **Volunteers Take Pride in Being Professional**

- **Maintain** a constructive attitude. Don't make negative comments about the school, its personnel or the students to other volunteers or individuals outside the school.
- **Be Prompt** and consistent in your attendance. Teachers depend on volunteers and plan their work accordingly. Students depend on volunteers even more, especially on field trips. Notify your school as soon as possible if you are late or absent.
- **Keep** an accurate record of your attendance by signing in each day you volunteer.
- **Dress** and act professionally.
- **Establish** and maintain good and frequent communication with your classroom teacher or volunteer coordinator.
- **Never** be under the influence of drugs or alcohol when with students on or off school grounds.
- **Do not** smoke on school grounds or at any time around students.
- **Do not** lend money, contribute or solicit money for organizations while on school grounds.
- **Do not** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.
- **Do not** use cellphone in the classroom or at any time around students.



### Health and Safety Are Always Important

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

---

Signature

Site

Date

CRIMINAL BACKGROUND CHECK

FOR SITE/PROGRAM: \_\_\_\_\_

*Susan by the Culture*

SITE ADMINISTRATOR SIGNATURE

DATE

**\*Site Administrator's signature is mandatory to apply as a SCUSD Volunteer PRIOR to bringing packet to Serna Center.**

PRINT NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

BUDGET CODE \_\_\_\_\_ 0 5800 \_\_\_\_\_

**IMPORTANT:** This form is for **ALL VOLUNTEERS** or those working in programs where such screening is required. The prospective volunteer is instructed to bring this form, along with a valid California Driver's License or California Identification Card, plus their Social Security number to the Customer Service Specialist in the Serna Center in order to initiate the fingerprint and background check process. There is a fee of \$47 for this process. If the site is paying the cost, please add budget code above. If the volunteer is paying for the cost, we accept cash (only exact change), check or money orders, debit or credit card.

**Prior to beginning any assignment, SCUSD Board policy requires that all volunteers be cleared to work by the Department of Justice.**

I understand this requirement and **will not volunteer** with the District until clearance is received from the SCUSD Human Resources Office.

I have received a copy of the SCUSD rules and regulations for volunteers [BP1240 and AR 1240].

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 in connection with this background check and all liabilities associated with and all claims related to this background check. For the purpose of this release, "liability" means all claims, demands, losses, causes of action, suits or judgements of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK**

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Other Names You Have Been known by: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

A conviction may not necessarily disqualify you from the volunteer job for which you have applied. Convictions include diversionary offenses, or other offenses that have been plea-bargained, or for which you have pleaded no contest. Failure to reveal convictions is grounds for immediate termination. For security reasons, a screening will be done according to the level of volunteerism (See Volunteer Rules and Regulations).

References may be requested. Volunteer service may be terminated if service is unsatisfactory or no longer needed by the District. District policy is available on the website: [www.scusd.edu](http://www.scusd.edu)

Have you ever been convicted of a felony or misdemeanor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:



**RISK & DISABILITY MANAGEMENT**  
5735 47<sup>th</sup> Avenue - Sacramento, CA 95824  
Risk Management Main: (916) 643-9421  
Disability Management Main: (916) 643-7895  
Fax: (916) 399-2071  
*Keyshun Marshall, Coordinator II*

**This form is required and must be completed and returned to Risk Management. The information below will be submitted to the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.**

**RELEASE OF DRIVER RECORD INFORMATION**

I \_\_\_\_\_ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

**Organization:** Sacramento City Unified School District

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name (as it appears on driver license):** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **State** \_\_\_\_\_ **Circle Gender: M or F**

**Birth Date (Month/Day/Year):** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Department/Site:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Volunteer:**  **Substitute/Per Diem:**

## VOLUNTEER INTEREST FORM

Name \_\_\_\_\_ Site/Program \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work 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

Field Trip chaperone

At-home work for classroom

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

Assistant Coach

**Availability:**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>					
<b>Afternoon</b>					

**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 \_\_\_\_\_