



ADULT MENTOR APPLICATION

Thank you for your interest in becoming a mentor. The CHSSS Unit of the Sacramento City Unified School District is excited to provide this opportunity for you to get involved in making a difference in the life of a child.

Navigators Mentor Program is designed specifically for students in the 6th, 7th and 8th grades, to help guide them through the transitional years of middle school and prepare them for high school. Through this program volunteers have opportunity to empower a young person toward success, and to be a 'champion' for that same child as they help the student increase their connection to school, community, and family. Mentors in this program commit to one hour a day, one day a week, for at least a full semester – preferably a year. Additional special events will be planned for one Saturday morning a quarter.

Earl Warren Elementary School **Tuesdays, 12:20 – 1:20**
5420 Lowell Street (near Fruitridge Blvd. & 65th Street Expressway)

Rosa Parks Middle School **Wednesdays, 11:10 – 12:10**
2250 - 68th Avenue (near 24th Street & Florin Road)

Will C. Wood Middle School **Thursdays, 11:00 – 12:00**
6201 Lemon Hill Avenue (on the corner of Lemon Hill & 65th Street Expressway)

Mark Hopkins Elementary School **Fridays, 12:00 – 1:00**
2221 Matson Drive (near 24th Street & Florin Road)

The information requested in this application will be used to match adult mentors with selected students at the applicant's preferred school. Potential mentors will be contacted to schedule interviews.

If you are unable to commit to the upcoming semester, but are interested in future semesters, please complete your application as soon as possible, indicating your scheduling preferences on the application.

Once completed, please submit this application to:

Jameel Pugh
Youth Development Support Services
5735 47th Avenue, Box 767
Sacramento, CA 95824
(916) 643-9008 Phone
(916) 643-9469 Fax



SCUSD VOLUNTEER REGISTRATION FORM (VR-2 Rev. 1/27/06)

Please complete and return with application. NOTE: An application will not be considered valid unless all sections are completed, and the application has been dated and signed. *(This form needed for District Records)*

PERSONAL INFORMATION

Date of Application_____

First Name	Middle Initial	Last Name
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Home Address	City	Zip Code
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Cross Street/Neighborhood_____

(_____)_____	(_____)_____
Home Telephone	Office Telephone

(_____)_____	_____
Cellular or Message Telephone	E-Mail Address

Place of Employment_____

Emergency Contact_____

(_____)_____	(_____)_____
Home Telephone	Office Telephone

Signature_____

OPTIONAL INFORMATION:

Sex: [] Female
[] Male

Ethnic Group:

[] African-American

[] Caucasian

[] Latino

[] American Indian

[] Asian/Pacific Islander

[] Other_____

Age Range:

[] Student [] 18-21

[] 22-49 [] 50-65

[] 65+

Other: [] Retired [] Business Volunteer [] State Employee

VOLUNTEER CODE OF CONDUCT**The volunteer shall:**

- Be conscientious and concerned for the health and safety of students.
- Be free of the influence of alcohol or illegal drugs when with students on or off school grounds.
- Have no outside contact with an individual student unless authorized by administration or parents.
- Provide proof of a current tuberculosis test before volunteering.
- Adhere to district, school and classroom policies, rules and curriculum.
- Promptly inform the teacher and school when unable to attend or when discontinuing to serve as a volunteer.
- Dress and act professionally.

Volunteer Signature_____Date_____

For security reasons, a background check will be done. References will be checked. Volunteer service may be terminated if service is unsatisfactory or no longer needed by the school district.

FOR OFFICE USE ONLYSCHOOL/SITE: **NAVIGATORS MENTOR PROGRAM**

INITIAL to confirm that the following required verifications have been completed:

Driver License ID/ No: _____ Expiration Date: _____

Volunteer Reference check by: _____ Date: _____

Cleared Date: _____

☐ Background Check Authorization Submitted Date: _____

Cleared Date: _____

Verification of TB test results (current within last four years) provided to site by applicant. **Actual Date of Reading:** _____

Please submit original registration form to the Volunteer Office at Box 758 Date: _____

I verify that the above security and safety checks on this volunteer have been completed by staff at my site or by district staff.

Name: Jameel Pugh, Mentoring Specialist Signature_____



5735 47th Avenue, Box 767
 Sacramento, CA 95824
 916.643.9008
 FAX 916.643.9469

ADDITIONAL INFORMATION

Please list any additional experience you have had mentoring, working with youth, volunteering, or in community service (please note the details of the experience: where, when, and your role or responsibility)

Personal statement – *Briefly share with us why you believe mentoring is important, and why you would like to become a mentor.*

Background Information

Have you ever been:

- | | | |
|--|-----|----|
| b. Arrested for a crime against a child? | Yes | No |
| c. Arrested for a violent felony? | Yes | No |
| d. Arrest for a sex crime? | Yes | No |

If you answered "yes" to any of the above, can you produce a written declaration of a "Finding of Factual Innocence" as described in the California Penal Code, Section 851.8 et. seq.? **Yes No**

Have you ever been convicted of any crime within the past 5 years of this date (including vehicular misdemeanors or felonies but not vehicle code infractions?) **Yes No**

Are you currently undergoing prosecution for any crime (including misdemeanors or felonies but not vehicle code infractions?) **Yes No**

Have you ever been convicted of any crime not mentioned above? **Yes No**

If you have answered "yes" to any of the questions above, please explain. (Attach additional sheets as necessary) _____

Agreement

Please initial

As an applicant to be a mentor with the Navigators Mentor Program, I understand and agree:

1. To submit to an investigation of suitability as a volunteer, including, but not limited to, being fingerprinted, undergoing a criminal background check, three personal references, and a "Megan's Law" database of registered sexual offenders check. _____
2. That my application may be disqualified upon record of misconduct, including criminal record, past convictions or current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect. _____
3. That upon successful completion of the screening and training, I will serve as a volunteer for the minimum required amount of time. _____
4. To participate in ongoing supervision and continuing education as suggested. _____
5. To maintain strict confidentiality. _____

Please read before signing:

I, _____, hereby affirm that all of the answers provided on my volunteer application are true.

I acknowledge that intentional falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that the Navigators Mentor Program will interview me about my background, motivation, expectations and other personal qualities that might have a bearing on my appropriateness for this program. I also understand that the Navigators Mentor Program will review references and will consider any and all facts concerning my qualifications for becoming a volunteer. No individual will be rejected because of race, religion, physical handicap, sexual preference, marital status, culture or economic status.

I understand the best interests of the youth must be the first consideration. Further, I understand that (1) I am not obligated, if called upon, to perform the volunteer services applied for, and (2) the school district is not obligated to assign, or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of the district will be held confidential within the agency, unless the law requires disclosure. Specifically, I understand that incidents of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to the proper authorities.

I understand that certain information about me will be discussed with the parent/guardian of the child with whom I am matched. In addition, I understand that if there is information about me that I do not want repeated, I must discuss this with the Navigators Mentor Program staff.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of the Navigators Mentor Program. I also understand that due to the legal issues, picture taking of the mentees is allowed only with express consent of the program.

Signature: _____ Date: _____

Printed Name of Applicant: _____

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: _____

Printed Name of Applicant: _____



**VOLUNTEER
REFERENCE CHECK RELEASE FORM**
(RC-1 Rev. 01/27/06)

Mentor Application



Volunteer Applicant _____

Please list two references that can verify your current or past work/volunteer experience, as well as serve as personal character references. (These could include your past/present supervisor, instructors or a clergy person.)

Please give complete information:

1. Name _____
Organization/Position _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ (_____) _____
Day Evening

2. Name _____
Organization/Position _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ (_____) _____
Day Evening

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 reference check and all liabilities associated with and all claims related to checking my references. For the purposes of this release, 'liability' means all claims, demands, losses, causes of action, suits or judgments 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 of Volunteer Applicant

Date



**VOLUNTEER
REFERENCE CHECK CONTACT FORM**
(RC-2a Rev. 01/27/06)



Dear _____: Date _____

_____ has applied to work as a volunteer in the Sacramento City Unified School District. Would you please take a moment and answer the confidential questions below? Your time and careful thought will enable us to make an appropriate placement. Since the volunteer cannot be placed until all background checks are completed, it is important that this form be returned to our office as soon as possible. Please mail the completed form to **Jameel Pugh, Navigators Mentor Program, 5735 47th Avenue, Box 767, Sacramento, CA 95824**. You may also **fax** the form to us at **916-643-9469**.

If you prefer to speak with us directly, please **call JAMEEL PUGH at 916-643-7990**.

I give my approval for the Sacramento City Unified School District
to contact the above named person to check my references.

Volunteer Applicant Signature

TO BE FILLED OUT BY REFERENCE

☐ Check here if you DO NOT wish to provide a reference for this potential mentor.

1. How long have you known the applicant? _____

2. How well do you feel you know the applicant? ☐ Acquaintance only ☐ Very well ☐ Fairly well

3. What is the nature of your relationship with the applicant? Choose all that apply.

☐ Employer ☐ Friend ☐ Neighbor ☐ Family friend ☐ Medical doctor
☐ Teacher ☐ Co-worker ☐ Counselor ☐ Other _____

4. Which of the following best describes your perception of the applicant? Choose all that apply.

☐ Positive ☐ Negative ☐ Reliable ☐ Outgoing ☐ Shy ☐ Flexible
☐ Assertive ☐ Tolerant ☐ Impatient ☐ Patient ☐ Detail-oriented ☐ Loses interest in projects

5. How would you rate this person's relationship to youth in general? Check all that apply.

☐ Friendly ☐ Distant ☐ Lacks experience ☐ Stern ☐ Well-liked ☐ Caring
☐ Impatient ☐ Understanding ☐ Don't know ☐ Other _____

6. How would you characterize this person's relationship with peers? Check all that apply.

☐ Unhappy ☐ Rewarding ☐ Uncommunicative ☐ Sharing
☐ Caring ☐ Unaffectionate ☐ Don't know ☐ Other _____

7. Have you ever seen the applicant in a situation where s/he interacted with children? If yes, in what capacity? What were the ages and sex of the children?

8. Would you feel comfortable with the applicant mentoring your own child? ☐ Yes ☐ No ☐ Unsure

9. Are there any other comments you would like to make on the candidate's behalf?

Respondent's name (print) _____ Date _____

Respondent's signature _____



**VOLUNTEER
REFERENCE CHECK CONTACT FORM**
(RC-2a Rev. 01/27/06)



Dear _____: Date _____

_____ has applied to work as a volunteer in the Sacramento City Unified School District. Would you please take a moment and answer the confidential questions below? Your time and careful thought will enable us to make an appropriate placement. Since the volunteer cannot be placed until all background checks are completed, it is important that this form be returned to our office as soon as possible. Please **mail the completed form** to **Jameel Pugh, Navigators Mentor Program, 5735 47th Avenue, Box 767, Sacramento, CA 95824**. You may also fax the form to us at 916-643-9469.

If you prefer to speak with us directly, please **call JAMEEL PUGH at 916-643-7990**.

I give my approval for the Sacramento City Unified School District
or a specific school site to contact the above named person to check my references.

Volunteer Applicant Signature

TO BE FILLED OUT BY REFERENCE

☐ Check here if you DO NOT wish to provide a reference for this potential mentor.

1. How long have you known the applicant? _____

2. How well do you feel you know the applicant? ☐ Acquaintance only ☐ Very well ☐ Fairly well

3. What is the nature of your relationship with the applicant? Choose all that apply.

☐ Employer ☐ Friend ☐ Neighbor ☐ Family friend ☐ Medical doctor
☐ Teacher ☐ Co-worker ☐ Counselor ☐ Other _____

4. Which of the following best describes your perception of the applicant? Choose all that apply.

☐ Positive ☐ Negative ☐ Reliable ☐ Outgoing ☐ Shy ☐ Flexible
☐ Assertive ☐ Tolerant ☐ Impatient ☐ Patient ☐ Detail-oriented ☐ Loses interest in projects

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☐ Friendly ☐ Distant ☐ Lacks experience ☐ Stern ☐ Well-liked ☐ Caring
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☐ Caring ☐ Unaffectionate ☐ Don't know ☐ Other _____

7. Have you ever seen the applicant in a situation where s/he interacted with children? If yes, in what capacity? What were the ages and sex of the children?

8. Would you feel comfortable with the applicant mentoring your own child? ☐ Yes ☐ No ☐ Unsure

9. Are there any other comments you would like to make on the candidate's behalf?

Respondent's name (print) _____ Date _____

Respondent's signature _____



Volunteers – Please contact Jameel Pugh in the Mentoring Office for appropriate signature and Budget Code prior to fingerprinting

**VOLUNTEER
BACKGROUND CHECK AUTHORIZATION
(BC-2 Rev. 01/27/06)**

FOR SITE/PROGRAM: NAVIGATORS MENTOR PROGRAM – YOUTH DEVELOPMENT OFFICE

IMPORTANT: This form is for volunteers not under direct supervision of SCUSD certificated staff, or those working in programs where such screening is required. **The prospective volunteer is instructed to bring this letter, along with a valid California Driver's License or California Identification Card, plus their Social Security number** to the Human Resources Office in the Serna Center in order to initiate the background check process. There is a fee of \$68 for this process (covered by the Navigators Mentor Program).

SIGNATURE OF SUPERVISOR _____ DATE _____
PRINT NAME Jameel Pugh
E-MAIL ADDRESS Jameel-pugh@sac-city.k12.ca.us PHONE 916-643-7990
BUDGET CODE:
____ - ____ - 9 - 5800 - ____ - ____ - ____ - ____ - ____ - ____ - ____

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 district 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 purposes of this release, 'liability' means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.

Prospective Volunteer's Signature _____ Date _____

PLEASE PRINT NEATLY

Name (First/MI/Last) _____

Address _____

City _____ Zip Code _____ Telephone (____) _____

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.

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If the answer is YES, please explain (on the other side of paper):

SCUSD Board Policy

Community Relations

BP 1240 (a): VOLUNTEER ASSISTANCE

The Governing Board encourages parents/guardians and other members of the community to share their time, knowledge and abilities with our students. Community volunteers in our schools enrich the educational program and strengthen our schools' relationships with homes, businesses, public agencies and private institutions. The presence of volunteers in the classroom and on school grounds also enhances supervision of students and contributes to school safety.

The Superintendent or designee may authorize the use of volunteers and shall establish procedures to protect the safety of students and adults in accordance with laws related to tuberculosis testing, fingerprinting and criminal records checks.

(cf. [4127/4227/4327](#) - *Temporary Athletic Team Coaches*)

Volunteers shall act in accordance with district policies, regulations and school rules. At his/her discretion, a staff member who supervises volunteers may ask any volunteer who violates school rules to leave the campus. Staff members also may confer with the principal or designee regarding any such volunteers. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

(cf. [0410](#) - *Nondiscrimination in District Programs and Activities*)

(cf. [5144](#) - *Discipline*)

(cf. [6144](#) - *Controversial Issues*)

Volunteer maintenance work shall be limited to those projects which do not replace the normal maintenance duties of classified staff and are consistent with employee contracts.

Volunteer aides shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off. (*Education Code* [35021](#))

The Board encourages principals to develop a means for recognizing the contributions of each school's volunteers.

Legal Reference:

EDUCATION CODE

[35021](#) *Volunteer aides*

[35021.1](#) *Automated records check*

[44010](#) *Sex offense; definition*

[44227.5](#) *Classroom participation by college methodology faculty*

[44814](#) *Duty-free lunch periods*

[44815](#) *Noncertificated supervision*

[45125](#) *Fingerprinting requirements*

[45340-45349](#) *Instructional aide act, especially:*

[45344.5](#) *Instructional aide; proficiency in basic skills*

[45347](#) *Instructional aides as classified employees*

[45349](#) *Volunteers*

[45360-45367](#) *Teacher aides*

[49406](#) *Examination for tuberculosis*

GOVERNMENT CODE

[3100-3109](#) *Oath or affirmation of allegiance*

[3543.5](#) *Prohibited interference with employees' rights*

[96100-96114](#) *Academic Volunteer and Mentor Service Act of 1992*

HEALTH AND SAFETY CODE

[1596.871](#) *Fingerprints of individuals in contact with child day care facility clients*

LABOR CODE

[3364.5](#) *Persons performing voluntary services for school districts*

PENAL CODE

[290.4](#) *Information re sex offenders*

CODE OF REGULATIONS, TITLE 5

[18168](#) *Personnel duties with infants and toddlers*

CODE OF REGULATIONS, TITLE 22

Policy
adopted: November 16, 1998
reviewed: November 5, 2001

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Sacramento, California

AR 1240 (a): VOLUNTEER ASSISTANCE

Definitions

Volunteer nonteaching aides may supervise students during lunch and/or breakfast periods or may serve as nonteaching aides under the immediate supervision and direction of certificated personnel to perform noninstructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. (Education Code [35021](#), [44814](#), [44815](#))

Volunteer instructional aides may assist certificated personnel in the performance of their duties, in the supervision of students, and in instructional tasks which, in the judgment of the certificated personnel to whom the instructional aide is assigned, may be performed by a person not licensed as a classroom teacher. These duties shall not include assignment of grades to students. An instructional aide need not perform his/her duties in the physical presence of the teacher, but the teacher retains responsibility for the instruction and supervision of students in his/her charge. (Education Code [45343](#), [45344](#))

Facilities project volunteers may work on short-term facilities projects pursuant to Governing Board policy.

Sex Offender Checks

Before authorizing any person to serve as a volunteer nonteaching aide or a volunteer instructional aide, the Superintendent or designee shall ask a local law enforcement agency to conduct an automated records check or shall call the Department of Justice to determine that the individual is not a registered sex offender. Volunteers shall be informed that the district is conducting this records search.

Tuberculosis Testing

All volunteer instructional aides shall submit evidence that they are free from active tuberculosis at least once every four years pursuant to Education Code [49406](#). (Education Code [45106](#), [45347](#), [45349](#), [49406](#))

All volunteers in child care and development programs shall be tested for tuberculosis within 60 days before or within seven days after the volunteer service begins. Staff shall also maintain annual follow-up reports indicating that the volunteer is free from tuberculosis. (SCCR 18168)

Fingerprinting

All volunteers in child care and development programs shall be fingerprinted for criminal record clearance if they have contact with children. (Health and Safety Code [1596.871](#))

Basic Skills Proficiency

All volunteer instructional aides shall give evidence of basic skills proficiency. (Education Code [45344.5](#), [45349](#))
(cf. 4212 - Appointment and Conditions of Employment)
(cf. [4222](#) - Teacher Aides/Paraprofessionals)

Workers' Compensation

Unsalaries volunteers shall be considered employees of the district for workers' compensation insurance purposes. If injured while serving as volunteers in the district, they should file workers' compensation insurance forms provided by the district office.

Regulation
approved: November 16, 1998
reviewed: June 11, 2002

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Sacramento, California