

SYLVAN UNION SCHOOL DISTRICT

605 SYLVAN AVENUE † MODESTO, CA 95350 † (209) 574-5000 † FAX: (209) 524-2672

www.sylvan.k12.ca.us

Level II Volunteer

DEBRA M. HENDRICKS
Superintendent
dhendricks@sylvan.k12.ca.us

BOARD OF TRUSTEES

TERRIANN ZEEK
Board President

CYNTHIA LINDSEY
Vice President

DAVID COLLINS
Member

GEORGE RAWE
Member

JENNIFER MIYAKAWA
Member

Dear Volunteer Applicant,

We are extremely pleased that you are volunteering to assist our Sylvan Union School District students. Your time, energy and commitment are greatly appreciated.

Attached is an application you **must** complete in order to serve as a volunteer in our district. You will need to provide current proof of tuberculosis (TB) clearance and a current copy of your driver's license.

Please return the completed application to each school site in which you would like to volunteer.

Once the Principal has reviewed the application and completed the screening through the Megan's Law website you will be contacted by the school site.

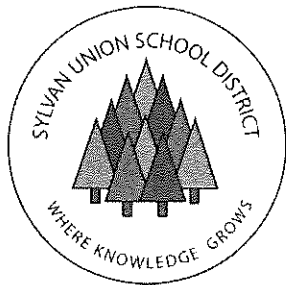
We look forward to working with you as a Sylvan Union School District volunteer.

Thank you and welcome!

Human Resources Department

Our Mission:

To provide a dynamic, broad-based education that prepares each child to be a contributing member of society.



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Level III Volunteer

DEBRA M. HENDRICKS
Superintendent
dhendricks@sylvan.k12.ca.us

BOARD OF TRUSTEES

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We are extremely pleased that you are volunteering to assist our Sylvan Union School District students. Your time, energy and commitment are greatly appreciated.

Attached is an application you **must** complete in order to serve as a volunteer in our district. You will need to provide current proof of tuberculosis (TB) clearance and a current copy of your driver's license.

Please return the completed application to each school site in which you would like to volunteer. You will then need to bring a copy of the completed volunteer application(s) to the Sylvan District Office, along with \$32.00 cash or money order to receive a Live Scan (fingerprint) form. (NOTE: only one (1) Live Scan procedure is needed and is good District-wide for as long as you are a parent volunteer in Sylvan.) Once the Principal has reviewed the application and completed the screening through the Megan's Law website you will be contacted by the school site.

We look forward to working with you as a Sylvan Union School District volunteer.

Thank you and welcome!

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SITE VOLUNTEER APPLICATION

CFB CR FR MAS OR SH ST
SC SY WO DS EU SO

Sylvan Union School District
Where Knowledge Grows

FULL LEGAL NAME _____
Last First Middle Name Maiden Name/Alias

STUDENT'S NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____
Street Number City State Zip Code

MAILING ADDRESS (if different): _____
Street Number City State Zip Code

DATE OF BIRTH: ___ / ___ / ___ DRIVERS LICENSE NUMBER: _____ STATE: _____

PHONE NUMBER: _____ ALTERNATE CONTACT NUMBER: _____

ANY OTHER NAMES YOU HAVE GONE BY (Maiden, etc.): _____

E-MAIL ADDRESS : _____

IN THE EVENT OF EMERGENCY CONTACT _____
Name Relationship Phone Number

Circle volunteer opportunities you are interested in: *Classroom volunteer Field Trip Chaperone Overnight Event Chaperone Other*

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: Exclude convictions for marijuana-related offenses if more than two years old). **YES NO**

If "Yes," list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two year after the date of the conviction. Include any serious or violent felony convictions in any state or jurisdiction as enumerated in California Penal Code section 667.60 and 1192.70.

By submitting my application and in accordance with California Education Code Section 35021.1, I hereby authorize the school to conduct a background investigation and authorize release of information in connection with my application for volunteer status. In signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. Any falsification on this application may result in denial or revocation of my volunteer relationship. I have read and agree to the Board Policies listed on the back side of this application.

Please submit an application to each site in which you would like to volunteer.

Signature

Date

----- This Section to be completed by SUSD -----

*TB Test Exp: _____ Photo ID Copied: _____ Fingerprints: _____ Megan's Law: _____ Notification: _____
Date mm/dd/yyyy Date mm/dd/yyyy Date mm/dd/yyyy Date mm/dd/yyyy Date mm/dd/yyyy Date mm/dd/yyyy

...APPROVED FOR: _____ Level: _____ APPROVED BY: _____

School Year

Site Administrator's Signature

Date

Site administrators have the right to make final approval for all volunteers.

**Copy to Human Resources*

Sylvan Union School District

Please read and initial below.

STATEMENT OF CONFIDENTIALITY FOR SUSD VOLUNTEER

All SUSD volunteers are expected to maintain confidentiality while working in the school. I understand that in the course of volunteering at a school site that I share the responsibility of maintaining the confidentiality of any employee or student information that may be available to me. I further understand that I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and may result in termination of volunteer involvement with the school and or District.

Sylvan Union School District Board Policies related to Volunteer Services

1240 (a) Volunteer Assistance

The Superintendent or designee shall develop and implement a plan for recruiting, screening, and placing volunteers, including strategies for reaching underrepresented groups of parents/guardians and community members. He/she may also recruit community members to serve as mentors to students and/or make appropriate referrals to community organizations.

(cf. 1020 – Youth Services)

Cf. 1400 – Relations between Other Governmental Agencies and the Schools)

The Superintendent or designee shall establish procedures for determining whether volunteers possess the qualifications, if any, required by law and administrative regulation for the types of duties they will perform. Volunteers shall act in accordance with district policies, regulations, and school rules. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

54145.7 Sexual Harassment – Students

The Governing Board is committed to maintaining a safe school environment that is free from harassment and discrimination. The Board prohibits sexual harassment of students at school or at school-sponsored or school-related activities. The Board also prohibits retaliatory behavior or action against any person, who reports, files a complaint or testifies about, or otherwise supports a complainant in alleging sexual harassment.

3513.3 Tobacco-Free School

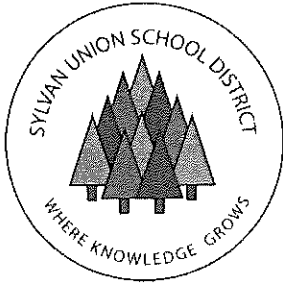
The Governing Board recognizes that smoking and other uses of tobacco and nicotine products constitute a serious public health hazard and are inconsistent with district goals to provide a healthy environment for students and staff.

The Board prohibits the use of tobacco products at any time in district-owned or leased buildings, on district property, and in district vehicles.

This prohibition applies to all employees, students, and visitors at any instructional program, activity or athletic event.

Acknowledgement Regarding Child Abuse

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.



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TUBERCULOSIS CLEARANCE **FOR VOLUNTEER APPLICANTS**

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One of the requirements to become a Level II/III Volunteer is to provide proof of a tuberculosis clearance. This clearance shall consist of an approved intradermal tuberculin test, which if positive, shall be followed by an x-ray of the lungs. Intradermal tests and x-rays are valid for 4 years, unless notified by Human Resources. All tests are done at the volunteer's expense. You may choose to see your own physician or visit the following facility:

Stanislaus County Health Department
820 Scenic Drive
Modesto, CA.

Phone # 209-558-7700

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