

## **MEMORANDUM**

**TO:** All District Staff  
**FROM:** Family Engagement Department School Volunteer  
**RE:** Program Updates  
**DATE:** Wednesday, August 12, 2021

The following information is provided to assist you in the planning and preparation launching the year with a successful school volunteer program on your campus.

The San Diego Unified School District has approximately 27,000 volunteers working in the district. It is because of the sincere commitment of our site volunteer coordinators that we can facilitate a program of such quality and magnitude. Your leadership allows community volunteers to share their talents and expertise by participating in a myriad of school activities designed to enhance the educational experience of all students. We appreciate your efforts that nurture the rich relationships between our schools and communities.

**1. Administrative Procedure:**

Administrative Procedure 4595 - School Volunteer Programs has been reviewed, updated, and is expected to be sent to the school board for approval. This administrative procedure can still be referenced for questions related to purpose, responsibilities, and implementation of your school volunteer program.

**2. TB Screening Protocol Changes:**

On September 15, 2014, the governor of California signed into law new TB testing rules for schools. Assembly Bill 1667 regulates staff and volunteer testing at schools for tuberculosis. Council PTA has been working with SDUSD to update the current district rules to comply with the "new" state law.

Starting now, the first step in becoming a school volunteer is to process an Adult Tuberculosis Questionnaire. The SDUSD Nursing Department has put into place plans how nursing staff will facilitate this questionnaire for volunteers. If you can answer "no" to all the questions, then you will not need a trip to the doctor's office to get a TB test.

**3. School Volunteer Program Forms:**

The Family Engagement Department is currently working to update all volunteer forms to coincide with the newly updated AP 4595 for the 2018-2019 school year. These forms are attached to this memo and will be available for download on the Family Engagement Department Website at [SDUSDFamilies.org](http://SDUSDFamilies.org). The volunteer application forms are available in both English and Spanish. School sites are encouraged to use the volunteer sign-in sheet provided as it includes a criminal disclosure statement.

For more information or with questions, contact the Family Engagement Department at (619) 293-4431.

**Pamela King**

Program Manager  
Family Engagement Department  
San Diego Unified School District

Harold J Ballard Center  
2375 Congress Street  
San Diego, CA 92110  
Ph: (619) 293-4431

## Adult Tuberculosis (TB) Risk Assessment Questionnaire

*Must be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)*

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

History of positive TB test or TB disease  Yes  No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire,

If there is a "Yes" response to any of the questions #1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed, A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered,

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Close contact with someone with infectious TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Foreign-born person <small>(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Traveler to high TB-prevalence country for more than 1 month <small>(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## Adult Tuberculosis (TB) Risk Assessment Questionnaire Certificate of Completion

*(Must be signed by the health care provider completing the risk assessment and/or examination)*

*The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified has been examined and determined to be free of infectious tuberculosis.*

\_\_\_\_\_  
Health Care Provider Signature Date

\_\_\_\_\_  
Health Care Provider Name Physician License Number

\_\_\_\_\_  
Office Address: Street City State Zip Code

\_\_\_\_\_  
Telephone Fax

## Family Engagement Department

### Volunteer Screening Requirements 2021-2022

San Diego Unified School District welcomes and encourages involvement from parents, community members, businesses, community organization, higher education institutions and the military. **All Volunteer programs must follow District Administrative Procedure No. 4595 regarding school volunteers.** In order to provide students with a safe environment and allow for a variety of opportunities for volunteering volunteer participation is classified in **4 categories.** Depending upon the category, certain processes must be completed by district staff prior to volunteering. **All volunteers will be processed annually.** (Note: District K-12 students who volunteer at schools other than their assigned school are only required to complete and submit the district School Volunteer Application.)

#### **CATEGORY A**

**Visitors or guests who enter a school for a one-time event.** This person has no unsupervised exposure or contact with children. Typical examples include Read Across America guest reader, Principal for a Day participant, guest/resource speaker, senior exhibition panel member, one time volunteer for school or classroom event, or other day or guest-type activity. Parents who attend school to eat lunch or to participate in a parent involvement activity such as "Family Friday" with their child(ren) are also considered visitors or guests.

##### **Screening requirements:**

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification)
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity

#### **CATEGORY B**

**Volunteers with group exposure, who have little or no direct unsupervised exposure or contact with children; Volunteers participating in school activities in open and public settings; and Volunteers with classroom exposure who work with children are supervised by district staff.** Volunteer conditions are typically public settings and classrooms where staff or other adults can observe at all times, no solitary time with children, and always within unobstructed view. Typical examples include classroom tutoring, classroom reading, classroom assistance and after-school programs where supervised by district personnel, school police parent patrol volunteers, field trip chaperones (chaperones who drive for field trips must

also follow the requirements set forth in Administrative Procedures 4585, 4586 and 4587 that include documentation of current driver's license and automobile insurance coverage), as well as non-classroom volunteers such as office helpers, non-classroom assistance, organized functions associated with school organizations such as PTA, school foundation, Site Council.

**Screening requirements:**

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification)
- Complete and submit for approval the district School Volunteer Application
- Be checked **by designated site personnel** against the California Department of Justice, Sexual Offender (Megan's Law) website (<http://www.meganslaw.ca.gov>)
- Present a Tuberculosis clearance card or obtain a TB risk assessment form from school nurse (Administrative Procedure 7065).
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity

## **CATEGORY C**

**Volunteers with classroom exposure, who work directly with students, and may have unsupervised time with students, but only while on district property with district personnel on-site.** Conditions typically are areas outside of the classroom where staff or other adults can observe at most times, but may occasionally include short solitary time with children and short duration of obstructed view, such as on-site tutoring outside of the classroom.

**Screening requirements:**

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification). By recommendation from the Department of Justice, Mexico identification and voter registration cards are not recognized. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.
- Complete and submit for approval the district School Volunteer Application and Volunteer Code of Conduct.
- Submit to a criminal background check **conducted by SDUSD School Police Services** to determine whether the applicant is precluded from volunteering as specified in California Education Code section 35021 et seq. In rare cases, depending upon information returned volunteer applicants may require fingerprinting.
- Present a Tuberculosis clearance card or obtain a TB risk assessment form from school nurse (Administrative Procedure 7065).
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity

## CATEGORY D

**Volunteers with unrestricted exposure, who work with children and may be unsupervised by district staff.** This volunteer likely will have direct and unsupervised interaction with children. Typical examples include volunteer walk-on coaches, senior high support personnel for athletics, off-site tutoring, mentoring, and overnight chaperones. Conditions typically include an off-campus setting and unsupervised solitary time. Returning Category D volunteers who have a current fingerprint clearance on file with SDUSD School Police Services do **NOT** need to be fingerprinted annually. A Request for Criminal Background Check (Category C process) must be submitted each year to keep the clearance current.

### **Screening requirements:**

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification).
- Complete and submit for approval the district School Volunteer Application and Volunteer Code of Conduct
- New volunteers submit their fingerprints to both State and National databases – **Fingerprinting volunteers will be paying the Live Scan fees directly. HR is not conducting on-site fingerprinting services for employees or volunteers.** Returning volunteers whose fingerprints have previously cleared under Category D submit a Category C Request to Conduct Volunteer Screening to SDUSD School Police Services to keep the fingerprint clearance current.
- Present a Tuberculosis clearance card or obtain a TB risk assessment form from school nurse (Administrative Procedure 7065).
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity

**2021-2022 VOLUNTEER SCREENING QUICK FACTS**

<p style="text-align: center;"><b>CATEGORY A</b></p> <ul style="list-style-type: none"> <li>• Visitor or guest for one-time event</li> <li>• No unsupervised exposure or contact with students</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Read Across America guest reader</li> <li>• Principal for a Day participant</li> <li>• Guest/resource speaker or classroom presentation</li> <li>• Senior exhibition panel member</li> <li>• One-time volunteer for school/classroom event</li> <li>• Parents eating lunch with their child</li> <li>• Parents participating in parent involvement activity such as "Family Friday"</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID to site</li> <li>• Sign in at site</li> <li>• Wear name badge on site</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to School Site</b></p>	<p style="text-align: center;"><b>CATEGORY B</b></p> <ul style="list-style-type: none"> <li>• Group exposure with direct staff supervision</li> <li>• Classroom exposure supervised by district staff</li> <li>• Open/public settings/classrooms where staff/adults can observe at all times</li> <li>• Always within unobstructed view</li> <li>• No solitary time with students</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Classroom assistance, tutoring or reading</li> <li>• School police parent patrol volunteers</li> <li>• Field trip chaperones (drivers must also follow district procedures re: licensing and insurance coverage)</li> <li>• Non-classroom volunteers (office, PTA, SSC, Foundation)</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID to site</li> <li>• Sign in at site</li> <li>• Wear name badge on site</li> <li>• Submit district school volunteer application</li> <li>• Megan's Law Database check (done by site staff)</li> <li>• Obtain TB clearance</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to School Site</b></p>
<p style="text-align: center;"><b>CATEGORY C</b></p> <ul style="list-style-type: none"> <li>• Unsupervised time with students only while on district property <b>with</b> district personnel on site</li> <li>• Time with student(s) in areas outside of classroom where staff/adults can observe most times</li> <li>• Occasional short periods of solitary time with students and short duration of obstructed view</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• On-site tutoring outside of the classroom (i.e., OASIS tutoring program, Cal-SOAP)</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID to site</li> <li>• Sign in at site</li> <li>• Wear name badge on site</li> <li>• Submit district school volunteer application</li> <li>• Category C Background Check (done by SDUSD Police Services)</li> <li>• Obtain TB clearance</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to Human Resource Services</b></p>	<p style="text-align: center;"><b>CATEGORY D</b></p> <ul style="list-style-type: none"> <li>• Unrestricted exposure/unsupervised interaction with students</li> <li>• Off-campus setting and unsupervised solitary time</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Volunteer walk-on coaches</li> <li>• Senior high support personnel for athletics</li> <li>• Offsite tutoring/mentoring</li> <li>• Overnight chaperones</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID when on site</li> <li>• Sign in when on site</li> <li>• Wear name badge when onsite</li> <li>• Submit district school volunteer application</li> <li>• Category D Background Check - DOJ &amp; FBI Fingerprint clearance; returning Category D volunteers submit Category C Background Request to keep clearance current - do not need to reprint)</li> <li>• Obtain TB clearance</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to Human Resource Services</b></p>



# San Diego Unified School District

## REQUEST TO CONDUCT VOLUNTEER SCREENING

(Please check the appropriate request)

**This form MUST be  
signed by the School  
Principal.**

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

Date: \_\_\_\_\_ Requesting School: \_\_\_\_\_ Loc Number: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_  
 First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

List other names used in the past: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Month Day Year

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

Principal acknowledges hiring of individual above at their site.

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For SDUSD School Police Services office use only:**

**Ok to volunteer**     **Deny as volunteer**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 SDUSD School Police Services

**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: [verifications@sandi.net](mailto:verifications@sandi.net)

**CATEGORY D VOLUNTEER FINGERPRINT REQUEST**

**Email [verifications@sandi.net](mailto:verifications@sandi.net) for information related to category D volunteers.**

**Livescan/ Fingerprinting services are not available at this time.**

Results will **normally** be returned to the school site volunteer coordinator within **2 weeks** of the date of fingerprinting. Please Note: 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.

SCHOOL YEAR: \_\_\_\_\_

**SAN DIEGO UNIFIED SCHOOL DISTRICT  
SCHOOL VOLUNTEER APPLICATION**

DATE \_\_\_\_\_ DISTRICT SPONSOR \_\_\_\_\_ SCHOOL \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

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

Gov Issued ID Type \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ ID# \_\_\_\_\_

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: \_\_\_\_\_

I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask.  YES  NO

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  
 Community  Rolling Reader/EAR  CalWORKS  
 Partner  College Student  Other \_\_\_\_\_

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





### **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. I also agree to submit proof of COVID-19 vaccination or a negative COVID-19 test weekly.
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.
13. I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

SCHOOL YEAR: \_\_\_\_\_

# DISTRITO ESCOLAR UNIFICADO DE SAN DIEGO SOLICITUD PARA PRESTAR SERVICIOS COMO VOLUNTARIO

FECHA: \_\_\_\_\_ PROPONENTE DEL DISTRITO \_\_\_\_\_ ESCUELA: \_\_\_\_\_

NOMBRE COMPLETO \_\_\_\_\_  
(Primer Nombre) (Segundo Nombre) (Apellido)

DOMICILIO \_\_\_\_\_ PECHA DE NAC. \_\_\_\_\_  
(Numero y Calle) (Ciudad) (C. Postal) Mes/Día/Año

TELEFONO \_\_\_\_\_ Tipo de identificación Expedida por el Gobierno \_\_\_\_\_  
DE CASA \_\_\_\_\_ EMAIL \_\_\_\_\_ Numero de identificación \_\_\_\_\_

EN CASO DE EMERGENCIA NOTIFICAR A: \_\_\_\_\_  
(Nombre) (Teléfono)

EMPLEO ACTUAL \_\_\_\_\_  
(Nombre del empleador) (Domicilio) (Teléfono)

EXPERIENCIA COMO VOLUNTARIO \_\_\_\_\_

REFERENCIA PERSONAL \_\_\_\_\_  
(Nombre) (Domicilio) (Teléfono)

Favor de indicar si usted es un voluntario nuevo o que continua en SDUSD. \_\_\_\_\_ Nuevo \_\_\_\_\_ Continúo

¿Es usted también voluntario en otra escuela de SDUSD? \_\_\_\_\_ SI \_\_\_\_\_ NO

De ser así, favor de indicar la(s) escuela(s): \_\_\_\_\_

¿Tiene usted algún delito penal pendiente? \_\_\_\_\_ SI \_\_\_\_\_ NO

¿Alguna vez ha sido consignado\* por un delito o delito menor? \_\_\_\_\_ SI \_\_\_\_\_ NO

¿Alguna vez ha sido consignado\* por delitos sexuales, drogas o portación de armas? \_\_\_\_\_ SI \_\_\_\_\_ NO

¿Le exige el Código Penal 290.95 que se registre como delincuente sexual? \_\_\_\_\_ SI \_\_\_\_\_ NO

\*La consignación incluye el fallo de culpabilidad de un tribunal con o sin jurado o petición de amparo o culpabilidad

Si contesta "SI" favor de explicar: \_\_\_\_\_

**Me comprometo a cumplir con todos los protocolos de seguridad y salud de COVID-19, completar los requisitos de detección diaria o ClearPass, y usar una mascarilla facial.** \_\_\_\_\_ SI \_\_\_\_\_ NO

Padres Voluntarios: Favor de indicar si piensa conducir un auto para un paseo educativo durante el ciclo escolar. \_\_\_\_\_ SI \_\_\_\_\_ NO

Por favor apunte los nombres de sus hijos:

Por razones de seguridad, se verificarán los antecedentes por conducto del personal del plantel y/o por el Departamento de Policía Escolar de SDUSD. El trabajo de un voluntario puede terminarse si el servicio es insatisfactorio o si el distrito escolar ya no lo necesita. Usted no puede trabajar como voluntario si debe registrarse como delincuente sexual de acuerdo a la ley de California.

Doy permiso de que se investiguen mis referencias personales y profesionales y no culpare al distrito ni a ningún individuo que de al distrito información sobre mi persona. Al firmar a continuación, declaro bajo pena de perjurio, que toda la información de esta solicitud es verdadera y correcta. También declaro que he leído y estoy de acuerdo con seguir el "Código de Conducta de los Voluntarios".

Firma del Voluntario: \_\_\_\_\_ Fecha \_\_\_\_\_

**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
- \_\_\_\_ Community
- \_\_\_\_ Partner
- \_\_\_\_ OASIS Volunteer
- \_\_\_\_ Rolling Reader/EAR
- \_\_\_\_ College Student
- \_\_\_\_ CalWORKS
- \_\_\_\_ Other \_\_\_\_\_

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.**

## **CODIGO DE CONDUCTA PARA VOLUNTARIOS**

(Este documento define las expectativas de! Distrito para los voluntarios en las escuelas)

**Como voluntario/a, estoy de acuerdo que debo acatar el código de conducta para voluntarios siguiente:**

- I. Inmediatamente después de llegar, firmare en la oficina principal de la escuela o en el lugar designado para firmar, el ingreso a la escuela.
2. Portare o mostrare mi identificación como voluntario/a cuando la escuela lo requiera.
3. Solo utilizare los baños para adultos.
4. Estoy enterado/a que nunca debo estar solo con algt.in alumna/a individual, que no este bajo la supervisión de los maestros o funcionarios de la escuela.
5. No estableceré contacto con alumnos fuera del horario de clase sin el permiso de los padres.
6. Estoy de acuerdo en no intercambiar números de teléfono, domicilios, e-mail u otra información del domicilio con los alumnos para cualquier propósito a menos que se requiera como parte de la función de voluntario/a. Intercambiare la información de! domicilio solo con la aprobación de los padres y de la administración escolar.
7. Mantendré la confidencialidad fuera de la escuela y compartiré con los maestros y/o administradores de la escuela, **cualesquier** inquietud o preocupación que tenga, relacionada con el bienestar y/o seguridad estudiantil.
8. Estoy de acuerdo en no transportar alumnos sin el permiso escrito de los padres o tutores o sin el permiso expreso de la escuela o del distrito y acatare el Procedimiento Administrativo del Distrito # 4586, cuando transporte a alumnos.
9. No divulgare, usare o distribuiré fotografías o información personal de los alumnos, de mi mismo/a o de otros.
10. Estoy de acuerdo en acatar el procedimiento de verificación para voluntarios. También acepto enviar prueba de vacunación contra COVID-19 o una prueba de COVID-19 negativa semanalmente.
11. Estoy de acuerdo en notificar al Director de la escuela si me detienen por algt.in delito menor, o delitos sexuales, de drogas o portación de armas.
12. Estoy de acuerdo en hacer lo que sea en el mejor interés personal y educativo de cada niño/a con el que tenga contacto.
13. Me comprometo a cumplir con todos los protocolos de seguridad y salud de COVID-19, completar los requisitos de detección diaria o ClearPass, y usar una mascarilla facial.

**Estoy de acuerdo en observar y acatar el Código de Conducta para Voluntarios en todo momento o finiquitar el trabajo como voluntario/a inmediatamente.**

Nombre \_\_\_\_\_

Firma \_\_\_\_\_

Fecha Número de teléfono \_\_\_\_\_

