

SHANDON

JOINT UNIFIED SCHOOL DISTRICT

P. O. Box 79, 101 South First Street, Shandon, CA 93461

Superintendent: Kristina Benson, Ed.D

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Dear Volunteer:

Shandon Joint Unified School District encourages parents and community members to share their knowledge, time and abilities by volunteering in our schools. We believe this interaction enhances and enriches our students' educational program.

We do our utmost to keep our children safe and to help us work toward our goal, all individuals who volunteer in any type of activity will follow the procedures outlined in this packet.

Please complete the forms enclosed and **return them to the school site** at which you are requesting to volunteer.

- A registration form that provides necessary information (name, emergency contact number, where and when you would like to volunteer, etc.) **Please complete one registration form per family member and not per child.**
- A waiver allowing us to conduct a Meagan's Law screening, done on an annual basis, by checking a database of registered sex offenders.
- Current Tuberculosis (TB) Test
- Copy of a Valid ID

Paperwork will be processed at the school office once all forms are complete. Upon background clearance, you will be able to volunteer in a supervised capacity by working in a classroom, or attending a field trip, as long as you are under the direct supervision of a Shandon Joint Unified School staff member.

Any volunteer doing a volunteer activity that is not supervised (coaching, mentoring, certain field trips, etc.) is required to be fingerprinted. Once a person has been fingerprinted for Shandon Joint Unified School District, fingerprinting does not need to be done again as long as you remain a volunteer.

Volunteer forms are completed every school year so that we have updated information, including your personal contact information, the name of your child's teacher, the hours/days you are available to volunteer, and your areas of interest in volunteering. Volunteer forms and required document are destroyed at the end of each school year.

We hope you recognize the process is our way of helping to keep your child safe. Your child benefits greatly from your participation in his/her education, whether you are volunteering in the classroom, helping with homework, or doing projects from home.

On behalf of Shandon Joint Unified School District we thank you!

SJUSD Staff

Please complete the information below. This information will be used ONLY for emergency purposes. If your address and/or phone number changes, make sure you update this card immediately with your office site. Only one volunteer per form please.

Circle which school site you would like to volunteer at: SHS SES Parkfield	
Print your name:	
Current Address:	P.O. Box
City/ State/ ZIP:	Phone #:

Emergency Contact

Name:	Relationship:
Street Address:	
City/ State/Zip:	
Work Phone:	Home Phone:

Physician to be called in the case of an emergency:

Name:	
Phone Number:	
Any health conditions that should be listed in case of an emergency:	
Signature:	Date:

Name (as it appears on your driver's license):	Name of school site you want to volunteer:
Date of Birth:	Place of Birth:
Drivers license Number:	Current Address:
How long at current address:	If less than one year at current address, provide previous address:

I understand that a background check of arrest and criminal convictions will be performed by the District before my volunteer services. Education Code 3501 prohibits registered sex offenders from serving as volunteers. In addition, pursuant to Education code 45349, any volunteer is subject to the provisions of Education Code 35021. Before authorizing any person to serve as a volunteer Education Code 35021.1 authorizes the superintendent or designee to ask a local law enforcement agency to conduct an automated records check or all the Department of Justice to determine the individual is not a registered sex offender. Volunteers shall be notified that the district is conducting the records search.

Print name

Signature

Date

DISTRICT USE ONLY	
Cleared to be an authorized volunteer: (circle one) YES NO	
Signature: _____	
Title: _____	Date: _____

Shandon Joint Unified School District Volunteer Guidelines Statement

As a volunteer in the Shandon Joint Unified School District, I agree to the following:

1. I will sign in at the school office when I arrive on campus
2. I will follow the school and classroom
3. I will support the teacher's instructional programs and classroom discipline plan.
4. I recognize that all children learn at different rates. When working with a student, I will be encouraging and support the learning process in a positive manner.
5. I will maintain confidentiality of student behavior and academic performance that I observe while volunteering.
6. I understand that my volunteer assignment is at the discretion of the classroom teacher and/or site administrator. My services will be used where they are believed to be most appropriately matched with school/classroom needs.
7. I understand that my volunteer activities must be under the supervision of A SJUSD staff member at all times.

Print Name

Signature

Date