

South Bay Union School District

Volunteer Registration Form

Volunteer Name _____

Position for which volunteer has applied: _____

Address _____
(Street) (P.O. Box) (City) (State) (Zip)

Phone Number: _____
(Home) (Work)

Have you previously volunteered in SBUSD schools? (Yes) (No) If "Yes," in what capacity?

Please list any special training or education that you have that be of benefit in our school environment:

SBUSD Board Policy/Administrative Regulation 1240 requires that volunteers acting in certain capacities or for long-term activities be screened for tuberculosis and pass Department of Justice Live-Scan fingerprint clearance.

Do you consent to tuberculosis screening and DOJ/FBI Live-Scan clearance? (Yes) (No)

Do you have any physical or medical condition that may limit full participation in our school environment? (Yes) (No) If "Yes" Please explain:

- Volunteers who use school vehicles or drive private vehicles to transport students must submit proof of insurance and have a clear DMV printout.
- Volunteers must renew their registration with the school/district annually.
- Volunteers who work in District schools will be under the supervision of a District employee, and shall receive orientation from the supervising employee and/or the site administrator or District superintendent. Volunteers shall act in accordance with District policies, regulations and school rules. Supervising employees may ask any volunteer who violates school rules to leave the campus.

As a volunteer, I agree to all conditions and requirements of volunteer service.

Signed

Date

For District Use Only

Supervising employee: _____ Orientation on (date) _____

Volunteer assignment requires DOJ/FBI Live-Scan clearance (Yes) (No)

Tuberculosis screening (Yes) (No)

Volunteer Driver: Proof of Insurance _____ DMV Printout _____

Approved by Site Admin./District Superintendent _____ Date _____