

**SANTA MONICA – MALIBU UNIFIED SCHOOL DISTRICT**  
**VOLUNTEER ASSISTANCE**

Last Name: _____
Expires: _____

**APPLICATION/AGREEMENT FOR VOLUNTEER SERVICES**

THIS AGREEMENT is hereby entered into by the Santa Monica – Malibu Unified School District, hereinafter referred to as DISTRICT, and:

\_\_\_\_\_  
(Please Print) Volunteer's Last Name, First Name

\_\_\_\_\_  
Student's Name (If a parent)

\_\_\_\_\_  
Mailing Address City Zip Code

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

hereinafter referred to as VOLUNTEER.

VOLUNTEER agrees to provide to DISTRICT the services enumerated in Section D of this Agreement under the following terms and conditions:

- A. Services shall begin at \_\_\_\_\_ (school) on \_\_\_\_\_ (date) and shall be completed on or before \_\_\_\_\_. (No more than four years from start date).
- B. VOLUNTEER understands and agrees that, while performing in a volunteer capacity, he/she is not an employee of the DISTRICT and not entitled to salary or benefits of any kind or nature normally provided employees of the DISTRICT.
- C. VOLUNTEER agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of VOLUNTEER'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by VOLUNTEER, and/or the VOLUNTEER'S younger dependents not yet enrolled in school.
- D. VOLUNTEER agrees to provide proof of negative tuberculosis test prior to service.
- E. VOLUNTEER agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to VOLUNTEER, **including compliance with Education Code 35021 - Requirements for Voluntary Service in Schools.**
- F. I understand that, in connection with my application as a volunteer, the District will obtain information bearing upon my volunteer services, including Megan's Law information and public record information, documenting convictions, civil judicial actions, tax liens or outstanding judgments against me.
- G. Volunteers must honestly answer the two questions below. If the answer is yes to either question, you must attach a written explanation, including the dates, the specific crimes, and the city, county and state in which they occurred.
  - a. Have you ever been convicted of any sex offense or any felony?  
\_\_\_ Yes \_\_\_ No
  - b. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order?  
\_\_\_ Yes \_\_\_ No

- H. I am applying to be a \_\_\_ Level I Volunteer \_\_\_ Level II Volunteer (See attached description)  
 I. I \_\_\_ will \_\_\_ will not be driving students as a part of my volunteer service.  
 Describe anticipated volunteer services: \_\_\_\_\_  
 \_\_\_\_\_

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND I AGREE TO ALL TERMS AND CONDITIONS. I AGREE TO INFORM THE SCHOOL PRINCIPAL IN A TIMELY MANNER IF ANY INFORMATION ON THIS FORM OR ITS ATTACHMENTS CHANGES.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

Do Not Write Below This Line

This Volunteer shall be:      \_\_\_ Level I Volunteer      \_\_\_ Driving Students  
    \_\_\_ Level II Volunteer

<p><b>Level I Volunteer</b>  <b>To be Completed by the School</b>          Application Complete: _____           Megan's Law Check:          _____ (Date) Initials: _____          _____ (Date) Initials: _____          _____ (Date) Initials: _____          _____ (Date) Initials: _____           TB Test          _____ Attached</p>
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<p><b>Level II Volunteer</b>  <b>To be Completed by the School</b>          Application Complete:          _____ (Date) Initials: _____           TB Test          _____ Attached   <b>To be Completed by the District</b>           Fingerprint Check          _____ (Date) Initials: _____</p>
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If the volunteer will be driving students, send MVR (Motor Vehicle Request) form to ASCIP. Complete section below upon authorization from the District. Attach driver's license and proof of insurance.

<p><b>Level I or II Volunteer Driving Students</b>           DMV Check          _____ (Date) Initials: _____</p>
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Principal Approval: \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)

<p>Level I Volunteer: After all is completed, principal signs, then file with school records.           Level II Volunteers: After all is completed (including TB), principal signs, then volunteer brings form to Human Resources office for fingerprinting. HR will return approved form to the principal. The principal will notify the Level II volunteer to begin volunteer services at that time.</p>
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**Tuberculosis Clearance and Emergency Contact Information Form for Volunteers**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Person to Notify in Case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please note: *The California Health and Safety Code, Section 3454, and the Board of Education require volunteers to document tuberculosis clearance within sixty (60) days before starting and every four years thereafter. The initial examination must consist of a mantoux skin test (not a chest x-ray unless the volunteer can document in writing a history of previous positive skin tests. If so, a chest x-ray is required prior to volunteering. The screening requirement will be satisfied by a certificate from a health provider stating that the volunteer is free from active TB.)*

This section must be read and signed by the volunteer prior to the administration of the TB skin test by the school nurse (or the District health office – phone number 310-450-8338 x218).

**This is to certify that to the best of my knowledge, I have not/am not:**

1. **Had active tuberculosis in the past, been on INH, PAS or any other antitubercular therapy.**
2. **Pregnant.**
3. **Had a positive tuberculosis skin test in the past.**
4. **Been taking cortisone medication, had a measles immunization or been on chemotherapy in the past month.**

**I give the Santa Monica – Malibu Unified School District health services permission to administer a mantoux skin test to me.**

**I hereby swear and affirm that all answers and statements herein contained are true, and I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to volunteer, either present or future, in the services of the Santa Monica – Malibu Unified School District.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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Office Use Only

Mantoux Test: Date Given: \_\_\_\_\_ Given by: \_\_\_\_\_  
Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ Read by: \_\_\_\_\_

X-Ray Date received: \_\_\_\_\_ Result: \_\_\_\_\_

Signature: School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**DESCRIPTION AND EXAMPLES OF LEVEL 1 AND LEVEL 2 VOLUNTEERS**

**LEVEL 1 Volunteers Working Under the Constant Direct Supervision of a Certificated Employee**

These volunteers serve during and after school hours to work in classrooms, on the campus, or in special school programs. Examples would include: lunch assistant, playground supervision, classroom aide or helper, assisting in the library, and assisting at lunch or after school club or school activity.

**LEVEL 2 Volunteers Working Under the Supervision of Certificated Employee But Occasionally Unsupervised While Working with Students**

Examples would include athletic coaches, performing arts coaches, tutors, chaperones on overnight trips, and volunteers who drive vehicles transporting students other than their own child on field trips or other activities.

Use the following chart as a guide to the application requirements for volunteers.

**REQUIREMENTS FOR VOLUNTEERS**

	<b>LEVEL 1 Under the Constant Direct Supervision of a Certificated Employee</b>	<b>LEVEL 2 Under the Supervision of Certificated Employee, but Occasionally Unsupervised While Working with Students</b>
<b>Examples of Activities:</b>	<ul style="list-style-type: none"> <li>• lunch supervision</li> <li>• playground supervision</li> <li>• classroom aide or helper assisting in library</li> <li>• lunch or after school club or activity assistance</li> <li>• volunteers who chaperone field trips (non-overnight)</li> </ul>	<ul style="list-style-type: none"> <li>• athletic coaches</li> <li>• performing arts coaches</li> <li>• tutors</li> <li>• chaperones on overnight trips</li> </ul>
<b>Volunteer Application</b>	Yes	Yes
<b>TB Test – Every 4 Years</b>	Yes	Yes
<b>Megan’s Law Check – Every Year</b>	Yes	No
<b>Driver’s License and DMV Check</b>	For Field Trip Drivers Only	Only if driving students
<b>Site-level Approval (Site Administrator)</b>	Yes	Yes
<b>District-level Approval (Human Resources)</b>	No	Yes
<b>Fingerprint Clearance</b>	No	Yes