

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

Group Volunteering for: \_\_\_\_\_

Last Name: _____
Expires: _____
TB CXR: yes _____ no _____

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

**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 \_\_\_\_\_ on \_\_\_\_\_  
(school) (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 TB **Certificate of Completion** prior to service.

E. VOLUNTEER agrees to provide proof of Immunization Clearance for Pertussis, Measles and Influenza in accordance with SB 792 Health and Safety Code for California Child Day Care Facilities. For preschool volunteers only.

F. 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.**

G. 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.

H. 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

I. I am applying to be a  Level I Volunteer  Level II Volunteer (See attached description)

J. 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

<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 Certificate of Completion
<input type="checkbox"/> Attached
<b>PRESCHOOL ONLY:</b>
<b>Immunization Clearance</b>
<input type="checkbox"/> Attached
_____ (Date) Initials: _____
_____ (Date) Initials: _____
_____ (Date) Initials: _____
_____ (Date) Initials: _____

<b>Level II Volunteer</b>
<b>To be Completed by the School</b>
Application Complete:
_____ (Date) Initials: _____
TB Certificate of Completion
<input type="checkbox"/> Attached
<b>To be Completed by the District</b>
Fingerprint Check
_____ (Date) Initials: _____

If the volunteer will be driving students, attach driver's license and proof of insurance and complete below:

<b>Level II Volunteer Driving Students</b> <b>To be Completed by the District</b>	
DMV Check _____ (Date)	Initials: _____

Principal Approval: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



**Tuberculosis Questionnaire and Emergency Contact Information for Volunteers**

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

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

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

Notify in Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please complete this form and submit it to the school Registered Nurse who will conduct the California School Employee Tuberculosis (TB) Risk Assessment Questionnaire and complete the Certificate of Completion Tuberculosis Risk Assessment and/or Examination form.**

Please note: *The California Health and Safety Code, Section 121525-121555, and the California Education Code, Section 49406 require volunteers to document tuberculosis clearance within sixty (60) days before starting and every four years thereafter. The volunteer will be required to have the Adult Tuberculosis Risk Assessment Questionnaire administered by a licensed health care provider (including a school nurse). Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Retesting for previously certified volunteers should only be done in persons who previously tested negative and have new risk factors since the last assessment. Previously certified volunteers who have a documented history of a positive TB test or a TB infection, and previously submitted a chest x-ray that was determined to be free of infectious TB, are not required to submit a new chest x-ray if there are no new risk factors.*

**I certify to the best of my knowledge:**

- 1. I have been previously certified as a volunteer for SMMUSD:  Yes  No
  - a. If yes, year of last certification: \_\_\_\_\_
  - b. If yes, school site of last certification: \_\_\_\_\_
- 2. I have had a positive TB test or active TB in the past:  Yes  No
  - a. If YES, date of positive TB test or active TB: \_\_\_\_\_
  - b. If YES, date of last chest x-ray: \_\_\_\_\_
- 3. I have one or more signs or symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue):  Yes  No
- 4. I have had close contact with someone with infectious TB disease in my lifetime:  Yes  No
  - a. If YES, year of close contact: \_\_\_\_\_
- 5. I was born **OUTSIDE** of the USA / Canada:  Yes  No
  - a. If YES, name of country: \_\_\_\_\_
- 6. I have traveled/resided outside the USA / Canada for more than 1 month:  Yes  No
  - a. If YES, name of country with dates of travel: \_\_\_\_\_

**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: \_\_\_\_\_

## 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</b> <b>Under the Constant Direct Supervision of a Certificated Employee</b>	<b>LEVEL 2</b> <b>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 Risk Assessment/Certificate of Completion – 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
<b>Immunization Clearance (pertussis, measles, annual flu)</b>	Preschool only	Preschool only

## Preschool Volunteer Immunization Requirement

In accordance to the Health and Safety Code for California Child Care Facilities Section 15976-1597, all employees and volunteers at a licensed Child Care Center must be immunized against influenza, measles and pertussis.

Preschool Volunteers must submit immunization requirements with their volunteer packets and TB Clearance.

### **Flu Vaccine:**

One of the following records must be submitted annually prior December 1<sup>st</sup> :

- A copy of an immunization record for influenza dated between August 1 and December 1 of each year
- A written statement from a licensed physician declaring there is a medical condition that precludes the volunteer from vaccinations.
- A written statement from a licensed physician stating that the volunteer has evidence of current and sufficient immunity to influenza
- A signed statement from the volunteer stating that they have declined to be vaccinated against the flu

### **Pertussis (Whooping Cough) and Measles:**

One of the following records must be submitted prior to volunteering:

- A copy of immunization records for pertussis and measles (any age).
- A written statement from a licensed physician stating that the volunteer has evidence of current and sufficient immunity to measles and pertussis (i.e. titer blood test)
- A written statement from a licensed physician declaring there is a medical condition that precludes the volunteer from vaccinations. This statement should also indicate whether the exclusion is permanent or temporary.
- Adults born prior to 1957 are considered immune and will not be required to submit evidence of current immunity.