

## Want to be a School Volunteer?

Dear Parents:

To help our schools be the best place for our children, please consider volunteering!


Signing up as a volunteer is as easy as 1-2-3. All you have to do is complete the application form and return it to your child's school office.

Volunteers are an essential part of our school program and activities. Volunteer participation is designed to enrich the educational program. Your participation is important to the success of our schools.

Thanks for your support!

Please contact your child's classroom teacher or school principal if you have any questions.

Sincerely,



John Baggett, Superintendent  
Nevada City School District

# NEVADA CITY SCHOOL DISTRICT

## VOLUNTEER APPLICATION FORM

Name of School applying for: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

California Driver's License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### Emergency Contact(s)

1. \_\_\_\_\_ Telephone no: \_\_\_\_\_

2. \_\_\_\_\_ Telephone no: \_\_\_\_\_

| Please list: Children(s) name(s) | Grade(s) | Teacher(s) name(s) in this school |
|----------------------------------|----------|-----------------------------------|
| _____                            | _____    | _____                             |
| _____                            | _____    | _____                             |
| _____                            | _____    | _____                             |

Your relationship to the above listed student(s) \_\_\_\_\_

Volunteer Position(s) requested: \_\_\_\_\_

**Are you volunteering to drive students?** ☐ Yes ☐ No

If you volunteer to drive students on a field trip, proof of adequate automotive/car insurance is required plus the completion of additional forms. Please ask the school site office for these additional forms.

**Expected number of volunteer hours per week** \_\_\_\_\_

If more than eight (8) hours per week, you will need a TB clearance, if an overnight field trip, you will need Fingerprint Clearance and TB clearance.

**Have you ever been convicted of a felony?** ☐ Yes ☐ No

If yes, please attach an explanation of when, where, and disposition of the case(s). A conviction may not necessarily disqualify you from serving at our school. Education Code 35021 provides that when a person who is required to register as a sex offender pursuant to Penal Code section 290, shall not serve as a volunteer.

***I have read and agree to abide by the Expectations for Volunteers. I have also received the District's workers compensation notification.***

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

\*Note: 8 HRS or more a week of volunteering must have TB clearance

\*Note: Overnight volunteer must have fingerprint clearance

\*Note: Volunteer drivers must have fingerprint clearance

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### Office Use Only

Driver ☐ Yes ☐ No

Driving Packet Rcvd: \_\_\_\_\_

TB Clearance Required: ☐ Yes ☐ No

TB Expiration Date: \_\_\_\_\_

Fingerprint Clearance Required: ☐ Yes ☐ No

Clearance Date: \_\_\_\_\_

Megan's Law (<http://meganslaw.ca.gov>)

Date Checked: \_\_\_\_\_

Volunteer Approved: ☐ Yes ☐ No if no, reason: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_



2023-2024

## Important Information for All School District Volunteers

RE: Workers' Compensation and Medical Provider Network (MPN)

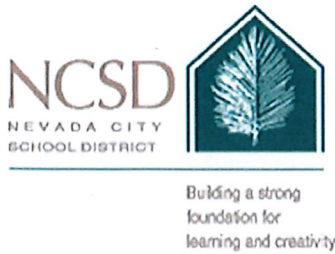
This letter is to inform you that School district Volunteers are covered by Workers Compensation through Schools Insurance Group.

Workers Compensation Carrier is AIMS, [www.aims4claims.com](http://www.aims4claims.com).

Medical treatment is authorized through a State-approved Medical Provider Network that is administered by Allied Managed Care [www.alliedmanagedcare.com/mpn](http://www.alliedmanagedcare.com/mpn). The Network was implemented as part of our Workers' Compensation Benefits for our pool employees and volunteers to insure that immediate quality care is provided should an injury occur during the course of employment or during a volunteer event.

This information is also posted at your site where all other Employment related postings are located, if you need to know the location for the postings ask your site administrator.

In the event of an accident or injury, please contact your school site administrator or the District Office immediately. Your district will authorize medical treatment for you at one of our designated clinics. If there is a serious after-hours injury, you may go to the nearest Emergency Room for treatment, and call the district office as soon as you are able.



## Nevada City School District School Volunteer Guidelines

### CRIMINAL HISTORY DECLARATION

The Nevada City School District wants to encourage parents and others to volunteer their time and services to support the District and our children. The donation of your time is greatly appreciated. The District also desires to ensure a safe school environment for our children. In order to accomplish this objective, it is necessary to prevent those individuals who are registered as a sex offender or who have been convicted of a violent felony or other inappropriate criminal conviction from volunteering in our schools.

Education Code sections 35021 and 35021.1 prohibit persons who are required to register as a sex offender under Penal Code section 290 from volunteering in public schools. Penal Code section 290.95 requires all persons who are required to register as sex offenders to report such status when applying for or accepting a volunteer position in schools.

Are you a registered sex offender?

☐ Yes ☐ No

***I declare under penalty of perjury under the laws of the State of California that I have not been convicted of a crime that requires me to register as a sex offender, and if I am, after this date, convicted of such a crime, I agree to immediately notify the Nevada City School District of such conviction. I understand that the District reserves the right to conduct a criminal background check of school volunteers as permitted by the law. I further understand that if the information I have provided is not accurate, my volunteer services will be terminated.***

Executed on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, California.  
(date) (year) (city)

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





## VOLUNTEER EXPECTATIONS AND REQUIREMENTS

1. The Nevada City School District's Board of Education encourages parents, guardians, and other members of the community to share their time, knowledge, and abilities with our students.
2. To ensure the safety and well-being of our children, the District has developed several expectations and requirements for our volunteers. Safety is our first concern.
3. Each volunteer is expected to complete the District Volunteer Application Form. The completed form must be on file in the principal's office prior to commencement of services. This form includes a requirement to disclose any prior criminal convictions. Failure to provide accurate information will result in termination of services.
4. It is required that each volunteer keep TB clearance up to date. TB clearance is the responsibility of the volunteer.
5. Each volunteer is expected to maintain confidentiality regarding each student and family.
6. If volunteers hear about or observe evidence of child abuse, volunteers shall report the information to the site principal or designee immediately.
7. Education Code 35021 provides that a person who is required to register as a sex offender pursuant to Penal Code section 290 shall not serve as a volunteer or chaperone for fieldtrips or other school activities.
8. Volunteers are to conduct themselves in a manner that will not be distracting from the educational process.
9. Volunteers will not bring children with them during volunteer hours.
10. Volunteers understand that student discipline is the responsibility of the school personnel. Volunteers will consult with the school personnel regarding discipline procedures.
11. Volunteers understand that their service activity as a volunteer is determined by the administrator and/or teacher and may be discontinued at any time.
12. Volunteers will adhere to the District's COVID-19 Safety Protocols, including but not limited to self-monitoring of symptoms prior to school arrival.

I have read and understand the information above. I agree to follow these guidelines.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_