

SCHOOL YEAR: \_\_\_\_\_

### SAN DIEGO UNIFIED SCHOOL DISTRICT SCHOOL VOLUNTEER APPLICATION

DATE \_\_\_\_\_ DISTRICT SPONSOR \_\_\_\_\_ SCHOOL \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(STREET) (CITY) (ZIP) MO/DAY/YR

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ ID# \_\_\_\_\_  
Gov Issued ID Type \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_  
(NAME) (PHONE)

CURRENT EMPLOYMENT \_\_\_\_\_  
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE \_\_\_\_\_

PERSONAL REFERENCE (NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer, \_\_\_ New \_\_\_ Returning  
Are you also a volunteer at another SDUSD school? \_\_\_ YES \_\_\_ NO

If yes, please indicate the school(s): \_\_\_\_\_

Do you have any criminal charges pending against you? \_\_\_ YES \_\_\_ NO

Have you ever been convicted\* of a felony or misdemeanor? \_\_\_ YES \_\_\_ NO

Have you ever been convicted\* of a sex, drug or weapon related offense? \_\_\_ YES \_\_\_ NO

Are you required to register as a sex offender under Penal Code 290.95? \_\_\_ YES \_\_\_ NO

\*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: \_\_\_\_\_

I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask. \_\_\_ YES \_\_\_ NO

Parent Volunteers: Please check whether you plan to drive for a field trip during the school year, \_\_\_ YES \_\_\_ NO

Please list the name(s) of your child(ren): \_\_\_\_\_

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): \_\_\_\_\_

Volunteer category (check appropriate box and indicate date cleared):

- Category B ◆ Megan's Law database check - cleared \_\_\_\_\_
- Category C ◆ SDUSD School Police background check - cleared \_\_\_\_\_
- Category D ◆ Fingerprinting - cleared \_\_\_\_\_

Type of volunteer (check if appropriate):

- \_\_\_ Parent
- \_\_\_ Community
- \_\_\_ Partner
- \_\_\_ OASIS Volunteer
- \_\_\_ Rolling Reader/EAR
- \_\_\_ College Student
- \_\_\_ CalWORKS
- \_\_\_ Other \_\_\_\_\_

Volunteer service ended (date): \_\_\_\_\_

Reason for leaving:

- \_\_\_ Child no longer at school
- \_\_\_ Moved
- \_\_\_ Employment
- \_\_\_ Illness
- \_\_\_ Requested to Leave
- \_\_\_ Other: \_\_\_\_\_

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS



**VOLUNTEER CODE OF CONDUCT**

(This document defines the district's expectations for all school volunteers.)

**As a volunteer, I agree to abide by the following code of volunteer conduct:**

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure# 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers. I also agree to submit proof of COVID-19 vaccination or a negative COVID-19 test weekly.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
13. I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask.

**I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.**

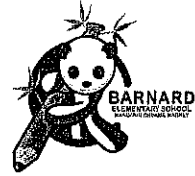
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**STATEMENT OF CONFIDENTIALITY**  
**Barnard Mandarin Magnet School**  
**Parent Volunteer Agreement Form**



Thank you for choosing to become a Barnard volunteer! We appreciate your willingness to help the staff and students at our school and to support our excellent learning environment.

As a parent volunteer, you may come in contact with student education records. Student education records include all records, files, documents, and other materials that contain personal identifying information on any student. Much of this information is protected from disclosure to third parties by state and federal privacy laws, and school board policy. Staff members, as well as volunteers working at their direction, must be sensitive to the confidentiality of student information and must take every step to refrain from repeating information which is protected, so as not to violate board policy or law. This means that you agree to not disclose confidential student information to any person other than the school administrator(s) and/or teacher(s) with whom you are working.

If you have a specific question for a teacher regarding a student matter, please find a private place to discuss your questions, or communicate via voice-mail, so that your communications are not inadvertently overheard by others.

Thank you in advance for your consideration of these important matters. By signing below, you agree to assist the administration and staff at Barnard in maintaining confidentiality of all student records that you have access to and to respect the privacy of others in our school.

**I have read the above statement and agree to maintain the confidentiality of student information in accordance with school district policy and applicable state and federal privacy laws. I further understand and agree that my failure to maintain the confidentiality of all student education records may disqualify me from continuing service as a community volunteer in San Diego Unified School District.**

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Name (Please Print)

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Signature

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Date