

Welcome VUSD Volunteers!

PLEASE CALL for an appointment _____
760-631-6675 ext. 40095

★ The Vista Unified School District Board Policy 1005 (c) requires that all persons who work with children found to be free of tuberculosis. School volunteers should not begin work until the tuberculosis clearance is completed.

I read and understand the requirements mentioned.

Volunteer is required to complete and return the following application each year:

- Driver's License, Passport, or Consulate ID card
- Parent- Current Tuberculosis Clearance (good for 4 years)
- Volunteer Application

At time of Registration

An Electronic Background Check "Meagan's Law" for each

Volunteer Name (first/last)

PURPOSE / PROGRAM

Date

Student Name (first/last)

TEACHER

Room #



This Application cannot not be reproduced other than VUSD personnel

Vista Unified School District SCHOOL VOLUNTEER APPLICATION

The information provided on this form is confidential and used only for school Volunteer program purposes.

DATE _____ SCHOOL Maryland Elementary School

VOLUNTEER INFORMATION

PROGRAM AFFILIATION _____

VOLUNTEER NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____
Mo/Day/Yr

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Do you have any criminal charges pending against you? Yes No
Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a sex or drug-related offense or crime of violence?
 Yes No
Mental Health License or Credential? Yes No
Are you required to register as a sex offender under Penal Code 290.95?
 Yes No

"I understand that the district may research my personal and professional background. 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. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

For Office Use Only:

| | | |
|------------------------------|------------|---------------|
| Megan's Law background check | Date _____ | Initial _____ |
| TB Check | Date _____ | Initial _____ |
| ADMINISTRATOR APPROVAL | Date _____ | Initial _____ |

MARYLAND ELEMENTARY VOLUNTEER

CODE OF CONDUCT

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

1. Immediately upon arrival, I will scan my Id and sign at the designated sign-in station. _____(inicial)
2. I will wear a volunteer identification. _____(inicial)
3. I will use only adult bathroom facilities. _____(inicial)
4. I agree to never be alone with individual students. _____(inicial)
5. I will not solicit outside contact with students. _____(inicial)
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose. _____(inicial)
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators. _____(inicial)
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. _____(inicial)
9. I will not disclose, use, or disseminate student photographs or personal information about students, self or others. _____(inicial)
10. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment. _____(inicial)
11. I agree not to engage in violent behavior, smoking, alcohol or controlled substance use, or possession of explosives or weapons while on school campus. _____(inicial)
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact. _____(inicial)
13. I agree to report to the appropriate school site/district personnel when a student is in danger of hurting him/herself or others or being hurt by someone else. _____(inicial)
14. I agree to treat all school personnel and students with dignity and respect. _____(inicial)
15. I agree that my (K-5th) children will enter campus thru the back gate at all times. _____(inicial)

I understand and agree to follow the District Volunteer Code of Conduct at all times or cease student volunteering immediately.

Signature of School Volunteer

Date