



# VOLUNTEER APPLICATION (TK-8)

***Applicant must attach a copy of current driver's license or valid state ID card with a clear picture and TB results (if applicable).***

Last Name:		First Name:		Middle Name:
Birthdate:		Drivers License Number:		
Address:			Phone Number:	
Volunteer School Site(s):			Scheduled days at the site (please check): Mon Tues Wed Thurs Fri	
Student Name(s):			Relationship to Student(s):	
School Site(s):			Teacher Name(s):	
I plan to volunteer for (please check):		field trips only	less than ten days in school year	ten plus days in school year

## **CRIMINAL BACKGROUND:**

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? \_\_\_\_\_. If yes, please explain below. You may omit minor traffic violations. Drunk or reckless driving is not a minor offense. (The existence of a criminal record does not automatically bar you from volunteering. However, failure to report is cause for disqualification or dismissal.) For adults chaperoning an overnight student trip, Department of Justice fingerprint clearance is required through the Galt Joint Union Elementary School District Office.

## **MEGAN'S LAW CLEARANCE:**

Every adult wishing to participate in a school or classroom activity or chaperone a field trip must be cleared through the Megan's Law Database. The site will conduct a Megan's Law background check (Penal Code 290).

## **TB CLEARANCE:** (applicable if working with students on a regular basis):

The Galt Joint Union Elementary School District requires that all employees and volunteers who are working directly with students must present a Verification of Clear Tuberculosis result which has been taken within the last four (4) years. Tuberculosis verifications are valid for four(4) years. Please submit a copy of your recent TB test result to your School when returning your completed Volunteer Application Form. (For your application to be complete, you must submit proof of a negative TB test result.)

## **LIVE SCAN FINGERPRINTING:**

The Galt Joint Union Elementary School District requires that all volunteers working directly with students without immediate staff supervision complete a Live Scan. Forms are available from the Human Resources department or call 209-744-4545 ext. 305.

## **CONFIDENTIALITY:**

I understand that in the course of my association with the Galt Joint Union Elementary School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to ensure the rights and confidentiality of information, both written and verbal.  
I further understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated, may result in termination of volunteer involvement with the School District.

## **WORKERS COMPENSATION COVERAGE:**

This is to advise you that the Galt Joint Union Elementary School District has adopted a Board Resolution to cover authorized volunteers for the purpose of Workers' Compensation Benefits. Workers' Compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in the services of the Galt Joint Union Elementary School District.

Should you be injured while serving in this capacity, and therefore covered under our Workers' Compensation Program, we need to advise you that you would not be eligible to file any civil claim, action, or proceeding.

By signing this document, you acknowledge that Workers' Compensation benefits will be the sole remedy and agree to waive any civil liability.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **To be completed by site personnel:**

**Megan's Law Cleared:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Cleared by:** \_\_\_\_\_ **Date of Negative TB Test:** \_\_\_\_\_  
(Please Check)

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_