

Name: _____

School: _____



San Ysidro
School District EST - 1887

Volunteer Handbook

4350 Otay Mesa Road
San Ysidro, CA 92173
(619) 428-4476
www.sysdschools.org

VOLUNTEER GUIDELINES

DEFINITIONS:

1. A **visitor** is defined as an individual who, with school district authorization, attends a student performance, special event, festival, back-to-school event, student conference etc. A visitor must sign a registry unless otherwise specified.
 - Examples of a visitor include: parents, guardians, community members, etc.
2. A **guest** is defined as an individual who, with school district authorization, assists students, schools and teachers on a non-regular basis or who individually observes a classroom or activity. A guest may also assist with educational programs or with special events on an occasional or infrequent basis. A guest is required to report his or her presence at the school office and sign a registry.
 - Examples of a guest include: vendors, elected officials, individuals observing a classroom, employees from other sites, etc.
3. A **volunteer** is defined as an individual who, with school district authorization, voluntarily assists schools, educational programs, or students on a regular and ongoing basis. A volunteer is required to complete a Volunteer Application (one per site), Code of Conduct, submit a negative TB test and have a Megan's Law Background Check ***completed prior to rendering service.***

REGISTRY PROCEDURES

1. All persons other than school site employees and students are required to register in and out each time they are on campus.
2. The registry shall include the first and last name, date, location and the time the volunteer reported and departed.
3. All visitors, guests and volunteers shall be required to wear some form of identification issued by the school office.

PROCEDURES FOR BECOMING A SCHOOL VOLUNTEER

1. Volunteers are required to complete a School Volunteer Application **each year** prior to volunteering (see Attachment #1).
2. Volunteers must sign a Volunteer Code of Conduct prior to volunteering (see Attachment #2).
3. Volunteers must complete a Volunteer Emergency Information Card (see Attachment #3). It is the volunteer's responsibility to update any change in address, phone number, emergency contacts, etc. with the Human Resources Department.
4. Volunteers, by law, will also need a valid tuberculosis clearance prior to volunteering (see Attachment #4).
5. Volunteers, by law, will need a Megan's Law clearance **semiannually** before being allowed to volunteer. The Human Resources Department must use the Megan's Law website to clear each volunteer. The Human Resources Administrator shall complete a declaration that he/she has done the Megan's Law clearance (see Attachment #5).
- 6. ALL VOLUNTEERS MUST BE SUPERVISED BY A STAFF MEMBER AT ALL TIMES.**
- 7. NO VOLUNTEER SHALL BE LEFT ALONE WITH STUDENTS.**

Note:

It is the responsibility of the Human Resources Department to maintain the following records:

- Volunteer Applications
- Volunteer Code of Conduct
- Volunteer Tuberculosis clearances
- Completed Megan's Law Declarations

It is the responsibility of each school/department to maintain the following records:

- Volunteer Emergency Card

SCHOOL VOLUNTEER APPLICATION

Information provided on this form is confidential and will be used only for school Volunteer Program purposes.

DATE _____ SCHOOL _____

FULL NAME _____
(First) (Middle) (Last)

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

DATE OF BIRTH _____ CELL PHONE _____
Mo./Day/Year

VALID DRIVERS LICENSE/STATE ID/ OTHER VALID PICTURE ID# _____

DO YOU HAVE ANY FAMILY ATTENDING A SYSD SCHOOL? [] YES [] NO

IF SO, WHICH SCHOOL DO THEY ATTEND? _____

VOLUNTEER EXPERIENCE _____

Do you have any criminal charges pending against you? ___ YES ___ NO

If so, please explain: _____

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

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

Are there any custody agreements or court orders that would limit or prevent you from access to any student at this school site? ___ YES ___ NO
If yes, please write an explanation on the back of this paper.

“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 required, pursuant to penal Code 290.95 to disclose to school officials that I am 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.”

Signature: _____

Date: _____

VOLUNTEER CODE OF CONDUCT

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

1. Immediately upon arrival, I shall register in at the principal's office or the designated registry location.
2. I shall show volunteer identification at all times on school grounds.
3. I shall only use adult bathroom facilities.
4. I agree to never be alone with students without the authorization of a school administrator.
5. I shall not solicit outside contact with students.
6. I shall maintain confidentiality outside of school and shall share any concerns that I may have with school site administrators.
7. I agree to not transport students without the written permission of parents or guardians and without the expressed permission of the school or district.
8. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others without the expressed written permission of SYSD.
9. I agree not to post, transmit, publish, or display harmful or inappropriate materials that are threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
10. I agree not to threaten, disrupt or otherwise harass any school district personnel and take all concerns to the school site administrator.
11. I agree to do only what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the San Ysidro School District Volunteer Code of Conduct at all times or my volunteer status shall be revoked immediately.

Signature of School District Volunteer

Date

VOLUNTEER EMERGENCY INFORMATION CARD

<input type="checkbox"/> New Volunteer <input type="checkbox"/> Address/Phone Change <input type="checkbox"/> Emergency Contact Change		
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. School: _____		
Last Name:	First Name:	Initial:
Residence Address	City	Zip Code
Mailing Address (If Different from Residence Address)	City	Zip Code
Home Phone: _____	Cell: _____	Email: _____
In case of an emergency during my volunteer hours, please notify:		
Name _____	Relationship _____	
Address _____		Phone: _____
Name _____	Relationship _____	
Address _____		Phone: _____
Date _____	Signature _____	
It is the volunteer's responsibility to update directory information in the event of a mid-year change in residence.		

VOLUNTEER TUBERCULOSIS SKIN TESTING LOCATIONS

County of San Diego

690 Oxford Street

Chula Vista, CA 91911

(619) 409-3110

CVS – Minute Clinic

645 East Palomar

Chula Vista, CA 91911

San Ysidro Health Center

4004 Beyer Blvd.

San Ysidro, CA 92173

(619) 428-4463

US HealthWorks

542 Broadway Suite G

Chula Vista, CA 91911

(619) 425-8212

*** If currently have health insurance, please go to your health provider.**

****TB clearance is valid for up to four years.**