

Volunteer Application Request Form Exhibit 1240

111 S. De Anza Blvd, Mountain House CA, 95391 • Tel (209) 836-7400 • Fax (209) 836-7402

INSTRUCTIONS: Please fill out this form completely. Typ	e or print in ink. Sign the form at the bot	tom.*A current TB	test must be a	ittached. This application and	
any attachments become the property of					
Name: Last	First		Email Addr	ess	
Address:					
Number & Street	City		Zip	Phone Number	
Male □ Female □ Birtho	late:	CA Drivers License: _			
List the name of the school(s) in which you plan to volunteer. Make a copy of this form for each site.					
School Site(s):		Teacher's Name:			
School Site(s):		Teacher's Name:			
Other:					
Student's Name(s):					
List proposed type of volunteering (check all that applies):					
□ A - Help in parent workroom, office, library, classroom or fieldtrip with presence of district staff, no direct work with students □ B - Fieldtrip, event chaperone, help on playground, lunch area, or parking lot. May be left alone with students, or pull student out in a separate place.					
Are you physically able to perform the volunteer functions with or without accommodation? Yes No					
Prior Experience: Please list below any prior experience in which you have been working as a volunteer:					
Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Exclude convictions for marijuana-related offenses for more than two years old.) Yes No If "Yes," attach a list of all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6 (c) and 1192.7 (c). (Use a separate sheet of paper to explain details – a conviction will not constitute an automatic bar from selection as a volunteer).					
I HEREBY CERTIFY that all statements made hereon are true and correct and authorize investigation of all statements herein recorded. I release from all liability persons and organizations information required by this application.					
Signature of Appl	icant		Date		
	Obtain Teacher and Principa regularly authorized school personnel (Ec r school program and which would not be gular District employee.	ucation Code 3502			
Teacher/Supervisor	Date:	Approve	ed: Yes	No	
Principal/Administrator	Date:	Approve	ed: Yes	No	
THIS SECTION IS FOR TRACKING PURPOSES ONLY					
Fingerprint Verification (Volunteer B) Megan's Law Verification: TB results received (Volunteer A & B) TB Results Expire: Entered into database:					



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Statement of Confidentiality for School Volunteers

I, _______, am willing to be a volunteer at Lammersville Unified School District. Volunteers are vital to the success of our program. All school volunteers are expected to maintain confidentiality while working in the school. All things that are seen and heard at school about children and their families should be considered privileged information. Trust must be established and maintained in order for this volunteer program to be successful. Volunteers can strengthen the bond between themselves and the school by following these guidelines:

- Treat all student information as personal and confidential regardless of source.
- Communicate relevant information about students to the respective classroom teacher or principal.
- Seek clarification of unusual situations that occur in the school from the person(s) involved and avoid discussing such matters with non-school personnel.
- Retain a sense of perspective regarding comments heard and actions observed.
- Understand that not all information can and will be shared with volunteers, due to legal considerations.
- Deal impartially with students regardless of background, intelligence, physical or emotional maturity.
- Do not discuss student progress or behavior <u>with the parent</u>. All relevant information should be referred to the teacher or principal. Direct inquiries about students to the professional staff.
- Speak constructively of all school staff; however, report difficulties involving the welfare of students or school to the principal.
- The district has a hands-off policy and physical restraint of students is not allowed unless the safety and health of the student or others is in jeopardy.
- Do not discuss confidential information with anyone. This information includes, but is not limited to:
 - Scholastic and health records
 - Test scores and grades
 - Discipline and classroom behavior
 - o Character traits of children
- All volunteers are required to sign a statement of confidentiality

Discipline

Discipline of students is solely the responsibility of the teacher in charge. Volunteers should in no way discipline students. Should students misbehave in your presence, you should report this immediately to the teacher in charge. The teacher will then determine the necessary course of action. Also note that we expect students to treat volunteers with the same level of respect given to other school personnel. If you feel that the students are not being respectful towards you, do not hesitate to discuss the matter with the teacher or principal.

I understand that in the course of my association with the Lammersville Unified 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 assure 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 student 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.

I acknowledge that I have read and understand this statement of confidentiality.						
Volunteer Signature	Date					



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