

PRESCHOOL VOLUNTEER/CHAPERONE APPLICATION

Effective September 1, 2016, a person may not volunteer at a child care center unless he or she has been immunized against Influenza, Measles, Pertussis or qualifies for an exemption (Health and Safety Code section 1596.7995 (b)(3)). In addition, a negative Tuberculosis result is also required.

If you would like to volunteer in your child's preschool classroom and/or be a chaperone on a field trip, you will need to provide the following documents:

- A completed Volunteer/Chaperone Application (*attached*)
- A copy of your ID
- Proof of the following vaccinations:
 - Negative TB result or a current California Tuberculosis Risk Assessment – If the TB skin test is positive, a chest x-ray is required and you must submit written proof from your doctor (one time only)
 - Influenza – Immunization record or a signed statement declining the vaccine (see attached Declination of Influenza Vaccination Form)
 - Pertussis (TDAP) – Immunization record or written statement from your physician
 - Measles (MMR) – Immunization record, a written statement from your physician, or birth certificate proof you were born before 1957
- Parents volunteering twice a week or more must also be fingerprinted at the Central Unified Human Resources Department, Room 9

Influenza, Pertussis (TDAP), & Measles (MMR) Vaccinations
are all available at Walgreens Pharmacies – No Appointment Needed

TB and Influenza Vaccinations
are available at EOC Health Services
1047 "R" Street (Between Fresno St & Tulare St)
Phone: (559) 499-1690

General Information	Cost
<ul style="list-style-type: none"> • Walk-Ins Accepted – No Appointment Needed • Monday, Tuesday, Wednesday, Friday – 8:30am to 11:30am and 1:30pm to 4:00 pm • Thursdays – TB Readings Only 	<ul style="list-style-type: none"> • \$20 Per TB Skin Test • \$6 or Free if Qualify Per Influenza Vaccination • (Cash Only)

APLICACIÓN DE VOLUNTARIO PREESCOLAR/ACOMPAÑANTE

Efectivo el que 01 de septiembre de 2016, una persona puede no ser voluntario en un centro de cuidado infantil a menos que él o ella ha sido vacunada contra la gripe, sarampión, tos ferina o califica para una exención (código de salud y seguridad sección de 1596.7995 (b)(3)). Además, un resultado negativo de la Tuberculosis también se requiere.

Si le gustaría ser voluntario en el salón de clase preescolar de su hijo o ser un acompañante en un viaje, necesita proporcionar los siguientes documentos:

- Una completa aplicación de voluntario/acompañante (adjunta)
- Una copia de su ID
- Prueba de las siguientes vacunas:
 - Resultado Negativo de la TB o un Evaluación de Riesgo de Tuberculosis de California – Si es positiva la prueba cutánea de TB, una radiografía de tórax es necesaria y debe presentar prueba escrita de su médico (sólo una vez)
 - La gripe – registro de la Inmunización o una declaración firmada rehusando la vacuna (ver el adjunto Declinación de Vacunación de la Gripe)
 - Tos Ferina (TDAP) – Inmunización declaración escrita o de registro de su médico
 - Sarampión (MMR) – registro de la Inmunización, una declaración escrita de su médico o prueba de la partida de nacimiento nació antes de 1957
- Los padres voluntariado dos veces a la semana o más también deben tomar sus huellas en el Departamento de recursos humanos de Central Unificado, sala 9

Las vacunas de la Gripe, Tos Ferina (TDAP), y el Sarampión (MMR)
están disponibles en Farmacias Walgreens – No Necesita Cita

La Tuberculosis y Vacunas de la Gripe
están disponibles en EOC Health Services
1047 “R” Street (Between Fresno St & Tulare St)
Número de Teléfono: (559) 499-1690

Información General	Coste
<ul style="list-style-type: none"> • Camine-En Aceptado – No Necesita Cita • Lunes, Martes, Miércoles, Viernes – 8:30am a 11:30am y 1:30pm a 4:00 pm • Jueves – Lecturas de TB Sólo 	<ul style="list-style-type: none"> • \$20 por prueba de piel TB • \$6 o libre si califica por vacunación contra la Influenza • (Sólo efectivo)

Declination of Influenza Vaccination

Effective September 1, 2016, a person may not volunteer at a child care center (preschool) unless he or she has been immunized against Influenza or qualifies for an exemption by submitting a signed declaration that he or she has declined the vaccine (Health and Safety Code section 1596.7995 (b)(3)).

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other volunteers to protect this school's students and staff from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to children and staff.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - All students and employees in this school
 - My coworkers
 - My family
 - My community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Print Name: _____

Preschool Child's Name: _____



CENTRAL UNIFIED SCHOOL DISTRICT VOLUNTEER/CHAPERONE APPLICATION

Volunteer/Visitor Procedures and School Site Responsibilities

1. All volunteers / visitors must sign in at the office. Site secretary will issue a name tag with their name, date, and classroom. They must wear their name tag when they are in the classroom or on school grounds, so that all volunteers/visitors can be identified ([BP1250a](#)). No one should come on school grounds, without signing in at the office and having been issued a name tag.

Example- Name Tag

Name: _____
Classroom # _____
Date: _____

2. All site volunteers/visitors must fill out and sign the volunteer information form. Make a copy of the volunteer's California Drivers License/California picture Identification card. Drivers Licenses/I.D. cards from other states are not accepted.
3. Site will check volunteers/visitors on Megan's Law ([BP1240](#)). If the volunteer/visitor is listed on Megan's Law as a registered sex offender, notify the Principal. The teacher will be notified and the parent will be monitored to make sure there is no contact with any other students other than their child. If this parent is to chaperone a field trip, they must provide their own transportation and chaperone their child only.
4. Volunteers volunteering twice a week or more and/or who volunteer every day for more than 10 days in a row, and/or who will chaperone overnight field trips must be fingerprinted through our Human Resources department at no charge to the volunteer. A list of all overnight field trip chaperones must be sent to Marsha Gober (DO, Room 6), and also follow all the above procedures.
5. Each volunteer is expected to maintain confidentiality regarding each student and family.
6. If volunteers hear about or observe evidence of child abuse, they will report the information to the site principal or designee immediately.
7. Any staff member who receives information directly from law enforcement regarding registered sex offenders shall immediately contact the Superintendent or designee in order to help ensure that the district is able to respond appropriately. If an identified sex offender is seen on or near school grounds or around any student, staff shall immediately contact the Superintendent or district designee. A staff member may also inform local law enforcement. ([AR3515.5](#))



CENTRAL UNIFIED SCHOOL DISTRICT VOLUNTEER/CHAPERONE APPLICATION

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Home Phone: _____ Cell: _____ Work: _____

Email (Optional): _____ Have you already been fingerprinted with CUSD? Yes No

Drivers License/CA Identification # _____ (Please provide a copy) Male Female

Student Name: _____ Grade: _____

Volunteer Location: _____ Classroom/Sport _____

DESCRIPTION OF VOLUNTEER SERVICES: Field Trip Chaperone Overnight Field Trip Chaperone
 Volunteer Coach Site/Classroom Volunteer
 Transport Students
(other than your student)

Have you ever been convicted or pled guilty to a criminal felony or misdemeanor? Yes No

If yes, provide date(s), explanation and outcome: _____

ACCIDENT / EMERGENCY PROCEDURE INFORMATION

In case of or illness, accident and/or emergency please contact: (List two (3) people to contact in order of preference)

- Name _____ Relation _____ Primary Phone _____ Alternate Phone _____
- Name _____ Relation _____ Primary Phone _____ Alternate Phone _____
- Name _____ Relation _____ Primary Phone _____ Alternate Phone _____

Physician Information _____
Name Phone

Insurance Information _____ Group# _____
Name

Do you give your permission to be transported by ambulance or other available means if necessary? Yes No

Do you have any physical condition that would be significant in a medical emergency? Yes No

If YES, include medication taken regularly, allergies, etc., in the space provided below.

An Affirmative Action / Equal Opportunity Employer

The Central Unified School District does not discriminate on the basis of race, color, religion, ancestry, national origin, disability, gender or sexual orientation in admission or access to and treatment of employment in its programs and activities as required by Title VI, Title IX and Section 504. If you have any complaints, please contact the HR DEPARTMENT (559) 274-4700.



CENTRAL UNIFIED SCHOOL DISTRICT VOLUNTEER/CHAPERONE APPLICATION

The Governing Board encourages parents/guardians and other members of the community to share their time, knowledge and abilities with our students. Community volunteers in our schools enrich the educational program and strengthen our schools' relationships with homes, businesses, public agencies and private institutions. The presence of volunteers in the classroom and on school grounds shall enhance supervision of students and contribute to school safety.

Volunteers shall act in accordance with all district policies, school rules, and applicable education/government codes. Any volunteer who fails to do so may be dismissed from an activity at the discretion of the supervising staff member. Volunteers shall also maintain acceptable standards of dress and grooming. Staff members may confer with the principal or designee regarding any such volunteers. The Superintendent or designee shall be responsible for investigating and resolving incidents and/or complaints regarding volunteers.

***Note: Districts may verify a volunteer's status as a registered sex offender by checking the Department of Justice's Megan's Law internet website, asking law enforcement to conduct a check pursuant to Education Code [35021.1](#), or requiring volunteers to certify as to their status. See BP/AR 3515.5 - Sex Offender Notification. *** "The Superintendent or designee shall verify by reasonable means that persons serving as volunteer instructional aides and nonteaching volunteer aides are not required to register as a sex offender pursuant to Penal Code [290](#)."

To ensure the safety of students and staff and avoid potential disruptions, all visitors shall register immediately upon entering any school building or grounds when school is in session. For additional purposes of school safety and security, the principal or designee may design a visible means of identification for visitors while on school premises ([penal code 627.1](#)).

A request to volunteer does not guarantee authorization, the District may refuse to accept any volunteer request and/or terminate a volunteer assignment at the discretion of the superintendent or designee.

AGREEMENT

I hereby agree to act in accordance with all district policies, rules, regulations, and/or education/government codes. I understand that any volunteer who violates district policies and/or school rules may be dismissed from participating in an activity at any time. Furthermore, I understand that the district may deny a request to volunteer and/or terminate a volunteer assignment at the discretion of the superintendent or designee.

I agree to volunteer my services, without compensation or reimbursement for the District. I agree to hold harmless, indemnify and, if requested, defend the District, its officers, agents, employees and Board members, from and against any and all demands, claims, damages, costs and expenses for injury to my person or property, including death, causes of action, liability, judgment and expenses, including attorney's fees and costs, arising out of or related to my volunteer performance for the District and activities associated with the volunteer program.

I agree to maintain strict confidentiality with the information to which I have access while performing my duties. I also understand that all personally identifiable information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher.

I hereby authorize the Central Unified School District to perform a background check as permitted by law. I understand that I may also be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and Federal Bureau of Investigation, pursuant to Education Code Section 58721.

I declare under penalty of perjury under the laws of the State of California that I have completed the above information truthfully. I understand that if the information I provided is not accurate, my volunteer services will be terminated.

Volunteer Signature _____

Date _____

.....
FOR OFFICE USE ONLY

Checked by Site Employee: _____

Print & Signature

Date

Fingerprint Clearance Received: Yes No

Megan's Law Clearance Received: Yes No