

CALIFORNIA SCHOOL FOR THE DEAF

39350 Gallaudet Drive, Fremont, CA 94538

Questions?? Contact the volunteer coordinator:

Meta Metal | mmetal@csdf-cde.ca.gov | 510-673-3097 text | 510-344-6074 VP

For Office Use Only

____ Rec'd	____ Rules
____ Conf	____ Tag
____ Mtg	____ Placed
____ TB	____ Sprvsr
____ FP	_____
____ Eth ____Cp	_____
____ ER ____Cp	_____

Volunteer Application (PLEASE PRINT CLEARLY)

Date: _____ Birthday (Month/Day): _____

First Name: _____ Last Name: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Pager: _____

Have you ever been convicted by any court of a misdemeanor or felony? YES NO

All volunteers are required to submit to a background check, including fingerprinting, which must be cleared before an assignment can begin.

Education

Are you presently a student? YES NO

Undergraduate Student: 1 2 3 4 School Name: _____

Major: _____

Graduate Student: 1 2 3 4 School Name: _____

Major: _____

If Junior or Senior High School Student: School Name: _____

Circle Current Grade: 6 7 8 9 10 11 12

Language Skills

Are you currently enrolled in a sign language course(s)? YES NO

Have you previously completed a sign language course(s)? YES NO

Name of School/Program: _____

Course Title(s): _____

Instructor's Name(s): _____

Please indicate appropriate skill level: (Circle One)

American Sign Language: None Beginner Strong Beginner Intermediate Advanced Native

(Over)

We periodically are in need of assistance with other languages. If you have these skills, please indicate below.

Language: _____ Speak Read Write

Describe your present or previous work and/or volunteer experience: _____

List skills, hobbies, or interests that might be helpful in determining areas for volunteer placement. Include any technical skills equipment skills, office skills, and/or computer experience you may have:

If offered a choice, which age range and program most interest you? (Please be aware that not all requests can be filled.)

Why are you interested in volunteering at CSDF?

_____ College credit/fieldwork _____ Community service requirement for school
_____ Personal interest only _____ Family member of CSDF student
_____ Mandated, court-ordered community service _____ Other? _____

What do you hope to get from your volunteer experience at CSDF? _____

Available hours

How many hours per week would you like to volunteer? _____

Day/Times available: **(Please be specific)**

Monday _____ to _____ Thursday _____ to _____

Tuesday _____ to _____ Friday (A.M. only) _____ to _____

Wednesday _____ to _____ Sunday (P.M. only) _____ to _____

If I am accepted as a volunteer at CSDF . . .

I agree to be on time and complete my scheduled assignment.

I agree to notify my supervisor if I am unable to come during my scheduled time.

I agree to wear my volunteer name tag and keep a time card. I will submit my time card to the Volunteer Coordinator after completing my volunteer time at CSDF.

I understand that any information I obtain concerning students or staff is confidential. I will not request information beyond what is required for my assigned duties.

I understand I am not to be alone with a CSDF student at any time.

I understand I am not allowed to take pictures of a CSDF student at any time.

I understand placements are not guaranteed. We reserve the right to change placements at any time.

Signature: _____ Date: _____

Recent Employment History

Can be work, volunteer or education related

(Please Note: We may be using this as reference information.)

If currently taking an ASL class, please include information in this section.

Company / Organization / School _____

Street _____

City _____ State _____ Zip _____

Your Job Title _____

Supervisor _____

Supervisor's Phone # & E-Mail _____

Dates of Affiliation _____

Reason for Leaving _____

Company / Organization / School _____

Street _____

City _____ State _____ Zip _____

Your Job Title _____

Supervisor _____

Supervisor's Phone Number and E-Mail Address _____

Dates of Affiliation _____

Reason for Leaving _____

Company / Organization / School _____

Street _____

City _____ State _____ Zip _____

Your Job Title _____

Supervisor _____

Supervisor's Phone Number and E-Mail Address _____

Dates of Affiliation _____

Reason for Leaving _____

NONDISCLOSURE FORM OF PERSON IN POSSESSION OF
CONFIDENTIAL INFORMATION

WHEREFORE, I _____ (name), am a volunteer at the California School for the Deaf Fremont (CSDF), I do covenant and promise that I shall not in any manner make known, divulge, or communicate to any person, any information verbally or written regarding students attending CSDF except as may be required of me in the course and scope of my duties assigned me by the Superintendent of the School or his designee.

Signature of Volunteer
at the California School for The Deaf

Date

VOLUNTEER SERVICE AGREEMENT

VSA-001 (12/03)

NOTE: Please complete and attach Form STD 689, "Oath of Allegiance".

BRANCH State Special Schools	DIVISION/UNIT CSDF	LOCATION Fremont
NAME OF VOLUNTEER		SOCIAL SECURITY NO.
HOME ADDRESS		HOME TELEPHONE NO.
CITY		ZIP CODE
IF STUDENT, SHOW SCHOOL WHERE CURRENTLY ENROLLED	VOLUNTEER WILL WORK FROM:	
	Effective Date:	Expiration Date:

DUTIES TO BE PERFORMED

Volunteer services at CSD Fremont which will include activities ranging from working directly with students to clerical duties.

DUTIES LISTED ABOVE WILL REQUIRE:

- | | |
|---|---|
| <input type="checkbox"/> Travel | <input type="checkbox"/> Driving a state vehicle |
| <input type="checkbox"/> Handling money | <input type="checkbox"/> Driving personal vehicle on state business
(See DEAM section 5100). |

Please provide the following information if driving is part of job description

DRIVER'S LICENSE NO.

EXPIRATION DATE

This agreement may be terminated by either party.

I agree to perform Volunteer Services as described above for the California Department of Education. I will comply with all policies and procedures as outlined in DEAM Section 4940 and as described to me. I understand that I am an employee of CDE for the purpose of Worker's Compensation Insurance coverage only. I will conduct myself in accordance with those work standards set forth for California Department of Education employees. I understand and agree to the following policies and conditions:

- Any training provided by CDE is to assist the volunteer in developing knowledge, skills and abilities.
- The volunteer does not replace any regular CDE employee.
- The volunteer may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with Department of Personnel Administration regulations and Government Code Sections.

SIGNATURE OF VOLUNTEER	DATE
SIGNATURE OF SUPERVISOR	DATE
SIGNATURE OF DIVISION DIRECTOR	DATE

OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

STD. 689 (REV. 10-97)

Oath may be administered by a person having general authority by law to administer oaths—or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

PART 1—OATH OF ALLEGIANCE
TO BE COMPLETED BY UNITED STATES CITIZENS ONLY

WHO MUST SIGN OATH--As required in Section 3 of Article XX of the Constitution of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED--As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

OATH OF ALLEGIANCE (Type or print name of employee)—Then complete Part 3.

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

WHERE OATHS ARE FILED--As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council, shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

FAILURE TO SIGN--As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code)

"3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years."

PART 2—DECLARATION OF PERMISSION TO WORK
TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY

I am a lawful permanent resident alien of the United States. YES NO

If **NO**, please read the following:

I hereby certify, that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PART 3—SIGNATURE AND CERTIFICATION (No fee may be charged for administering)
TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS

EMPLOYEE'S SIGNATURE	
STATE DEPARTMENT OR AGENCY	DIVISION/UNIT
Taken and subscribed before me this _____ Day of _____	
AUTHORIZED OFFICIAL'S SIGNATURE	
AUTHORIZED OFFICIAL'S TITLE	

(SEAL)

Safety cautions (neglect):

- Do not give students your personal medication. You may only distribute medications that have been approved by the school nurse.
- Do not leave students unsupervised.
- Report safety concerns immediately to supervisor.
- Do not transport students in school vehicles unless you have a currently valid California driver’s license, have completed the state-approved defensive driving course, and have obtained permission from the supervisor.
- Do not transport students in your personal vehicle unless you have obtained permission from your supervisor.

Internal policies:

Do not make personal long-distance telephone calls using school phones.
 Do not use telephones or pagers for personal use while working.

Confidentiality Cautions:

A student’s reputation must be safe with you. What a student tells you is confidential and should not be shared with other CSD staff, friends, family members, acquaintances, etc. However, you must report concerns to the department principal or supervisor. The principal/supervisor will decide which CSD staff need to know the information and will guide you in writing a referral to the Pupil Personnel Office when necessary. It is better not to mention to the students if you know stories about their family members.

Mandatory reporting:

You MUST inform the supervisor immediately ...
 If a student reports abuse.
 If a student threatens to harm self or others,
 If a student tells you that she is pregnant,
 If you observe signs of abuse/neglect or if the student informs you about abuse/neglect,
 If the student is involved in illegal activities such as drug use or weapons.

.....
Professional Ethics Expectations

I have discussed the Professional Ethics expectations with my supervisor and understand a breach of my responsibilities potentially subjects me to criminal, civil, and/or administrative consequences.

 Staff member’s signature

 Supervisor’s signature

 Print Staff member’s name

 Date

INFECTIOUS DISEASE TRAINING INFORMATION
PLEASE READ AND SIGN

Proper Health Procedures in the School Environment

A few simple rules can ensure that disease is not spread by every day contact.

Rule 1: Maintain Good Health - Stay home when you are sick.

To greatly reduce the risk of spreading infection it is advisable to stay home when feeling ill. By staying home you protect the health of children who are more susceptible to disease and the health of other school employees. Staying home when you are sick also benefits your own health, since going to work lowers your resistance leaving you open to more serious infection. Also, remember that exercise, proper nutrition and adequate rest greatly reduce the risk of infection.

Rule 2: Hand Washing - Bacteria is carried hand to mouth.

Hand washing prevents infection and protects against infectious diseases. Wash your hands thoroughly after handling any type of body fluids, such as blowing your nose or using the toilet. The best method for washing your hands is:

- Wet your hands
- Apply liquid or powder soap
- Rub briskly for 10 seconds
- Rinse all soap off
- Dry thoroughly

Rule 3: Maintain Good Hygiene

It is important to maintain good hygiene habits on a daily basis. The following are a few reminders:

- Do not eat near dirty diapers, changing facilities or toilet facilities.
- Never share utensils or drinking cups.
- Do not kiss children. Affection is an important facet of life, but a hug says just as much.
- Remove jewelry before messy jobs. Jewelry promotes bacterial growth by providing a place for it to grow.

Rule 4: Practice Good Environmental Health

Gloves must be worn when cleaning up body fluids such as blood, vomit, urine, and feces. Use appropriate precautions when caring for children during diapering, drying tears, wiping up saliva, controlling bleeding, or cleaning up after incontinence. Discard tissues, soiled diapers and sanitary napkins in lined containers or plastic bags. To clean up body fluids:

- Put on a pair of gloves
- Prepare a lined container or plastic bag
- Dry up body fluids with an absorbent material
- Wipe up area with paper towels, or use vacuum or broom and dust pan if available*
- Spray soiled surface with disinfectant
- Throw plastic gloves into container or plastic bag with all other disposable materials
- Wash your hands
- Be careful to handle only the clean outside surface of the container or plastic bag once you have finished

*Any equipment that has been touched by body fluids should be cleaned with disinfectant, including broom, dust pan, trash cans, and changing tables.

Bacteria resides on human skin. Bacteria can spread disease.

10 seconds of hand washing is a good way to prevent the spread of infectious disease.

I have read and understand the above information on Proper Health Procedures in the School Environment.

Print Name

Signature

Date

California School for the Deaf

Volunteer Emergency Information

First Name: _____ Last Name: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Email Address: _____ Pager: _____

Preferred Hospital: _____ Physician's name: _____ Office phone: _____

In an emergency, I give permission to contact the following:

Name	Address	Home phone	Work phone	Relationship

(Your Placement Supervisor and the Outreach Division will have a copy of this information.)

Signature of Volunteer _____ Date _____