

San Lorenzo Valley Unified School District

VOLUNTEER AGREEMENT

Site/Department _____ Date _____

Volunteer Tier _____ TB Test Needed _____ Administrative Signature _____

(Site Administrator/Designee Completes The Above Section)

Full Name: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Home #: _____ Cell #: _____

E-mail Address: _____

Emergency Contact: _____
Name Telephone Number

GENERAL INFORMATION:

Have you ever been employed by SLVUSD? Yes No

Per Education Code Section 45125 and District Board Policy, SLVUSD may require persons with contact with students in unsupervised situations to be fingerprinted and not provide services until the District has received fingerprint clearance from the Department of Justice showing no prior convictions for certain serious or violent felonies. Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration and/or probation?
Yes No If yes, please explain on an attached sheet

Persons transporting students must also meet District requirements for a current Driver's License, a safe vehicle, and insurance coverage. Are you an insured driver with a CA Driver's License and safe vehicle?
Yes No Not Applicable/Not Driving Students

Per Ed Code Section 49406 and Board Policy, the District requires persons with more than limited contact (10 or more contacts) with students to provide proof of being free from Tuberculosis. Please attach your TB risk assessment or test results to this Agreement if applicable.

I have obtained a copy of the SLVUSD Volunteer Handbook. I understand and agree to follow the policies, rules and guidelines listed and understand that disclosure of confidential information may result in the District discontinuing our volunteer relationship.
Yes No

Volunteer – Print Name _____ Volunteer Signature _____ Date _____