



VOLUNTEER FORM I

Volunteer Form I applies to all volunteers who have limited contact with students.

The Saddleback Valley Unified School District would like to express its appreciation for your willingness to be a volunteer. The practice and policy of the Saddleback Valley Unified School District is to screen all volunteers.

Please PRINT the information requested below:

_____ Name (Last, First, Middle)	_____ Date of Birth	
_____ Address (Street, City, Zip)	_____ Cell Phone	
_____ E-Mail Address	_____ Home Phone	
_____ Volunteer Location (School/Department)	_____ Student Name	_____ Teacher Name

Screening:

- Must provide a valid picture ID (CA ID or Passport) to be photocopied
- Clearance to demonstrate that the volunteer is not a registered sex offender
- Proof of Freedom from TB (recommended)

Volunteers with limited contact with students are screened to determine only that they are NOT registered as a sex offender pursuant to Penal Code 290. **Volunteers may not begin an assignment until this clearance is given.**

In addition, the Health Department recommends and the District encourages you to obtain a Tuberculosis test or assessment for the safety of the students, but does not require it.

Again, thank you for serving SVUSD as a volunteer.

_____ Signature of Principal	_____ Date
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I understand that volunteers are not compensated and that I may only provide assistance under the direction and supervision of an employee of the Saddleback Valley Unified School District.

I understand that my volunteer services are at the discretion of the Board, through its designee, the site Principal, and that my services may be terminated at any time.

I hereby certify that I have received, read, and agree to comply with the below named documents as indicated by my initials and signature below.

MPN Notification of Right Material	_____
Predesignation of Medical Control	_____
New Hire Pamphlet – Workers' Compensation	_____

_____ Signature of Volunteer	_____ Date
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