



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 through Raptor 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

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