



### SANTA CLARA UNIFIED SCHOOL DISTRICT Application for Volunteers

Return Application to Principal or the school or department to which you are applying to volunteer or to the Athletic Director if applying to volunteer for athletic teams or events, or to District Office Administration. \* **Please submit only one application.**

**Personal Data:**

Full Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Present Address: \_\_\_\_\_  
Street Apt.# City State Zip

If you have lived in your present address for less than eight years, please provide your previous address:

Previous Address: \_\_\_\_\_  
Street Apt.# City State Zip

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F

**Additional Data:**

1) Do you have a Valid California Driver's License?  Yes  No License #: \_\_\_\_\_

2) Are you currently a regular or substitute employee of Santa Clara Unified School District?

Regular  Substitute  No

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If approved to volunteer for Santa Clara Unified School District, I understand that any misrepresentation of factual information contained herein may be cause for removal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SITE ADMINISTRATION**

School Site \_\_\_\_\_ Volunteer Level:  A  B  C  D  
Level D \*\*\*Includes supervisory volunteer

Budget account to be charged \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Administrator)

**FOR DISTRICT USE ONLY:**  
\_\_\_\_ Approved \_\_\_\_ Not Approved Authorized Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*Note: As per Cal. Ed. Code, the District reserves the right to require any or all of its Volunteers to submit to a criminal background check, including fingerprinting.**

COMMUNITY RELATIONS  
VOLUNTEER ASSISTANCE



**SANTA CLARA UNIFIED SCHOOL DISTRICT  
VOLUNTEER ORIENTATION and AGREEMENT**

Name of Volunteer \_\_\_\_\_ Phone Number \_\_\_\_\_

School of Assignment \_\_\_\_\_ Volunteer Assignment \_\_\_\_\_

**NAMES TO REMEMBER**

TITLE	NAME	ROOM/PHONE #
Principal		
Secretary		
Teacher		

Make sure volunteer is aware of the following:

**TOUR OF SCHOOL**

Cafeteria       Workroom       Library       Others:  
 Main Office       Parking Areas       Lounge/Rest Rooms

**SCHOOL POLICIES**

Dress Code       Use of Telephone       Parking  
 Teacher's Lounge       Liability coverage       Sign In/Identification  
 Absence Procedures       Use of Custodial Services       Acceptable Internet Use  
 Emergency Procedures       Student Records and Privacy       Other:

**VOLUNTEER AGREEMENT**

*As a Santa Clara Unified School District volunteer, I understand and agree that:*

*While performing volunteer services on the premises of SCUSD, I will conform to all applicable laws, rules, and SCUSD policies. In the course of volunteering for Santa Clara Unified School District, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. I will follow the supervision and direction of the teacher or administrator to whom I have been assigned to perform my volunteer services and activities. Failure to do so may result in the school discontinuing my services.*

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**ADMINISTRATIVE APPROVAL**

I have provided the above named volunteer with information regarding their assignment, safety, student privacy, security, school policies, and accessible areas in school.

This volunteer:

- Has unsupervised access to students, and as such, the Volunteer has been scheduled for a background check with the District Office. I will insure that the background check is complete prior to allowing unsupervised access with any student. (Category D Volunteer)
- Will have no unsupervised access to students. (Category A, B, or C Volunteer)

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

C: Volunteer  
School Volunteer Files  
Category D Volunteers Only/Department of Human Resources





**SANTA CLARA UNIFIED SCHOOL DISTRICT**

**VOLUNTEER EMERGENCY INFORMATION**

**Name:** \_\_\_\_\_  
(PLEASE PRINT)

Person(s) to contact in case of emergency, if under 18, parents please sign at the bottom:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
\_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
\_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Insurance Carrier** \_\_\_\_\_  
**Physician's Address** \_\_\_\_\_ **Medical #** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ **Insurance Carrier** \_\_\_\_\_  
**Dentist's Address** \_\_\_\_\_ **Medical #** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_

Do you have any physical limitations or special medical conditions that require reasonable accommodations?  
If yes, please list: \_\_\_\_\_

**Voluntary Information:** Please provide the following information, which should be known to medical personnel providing emergency intervention.

\_\_\_\_\_  
**Name (Please Print)** \_\_\_\_\_ **Emergency Phone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (If volunteer is under 18- Parent Signature Required)** \_\_\_\_\_

*\*Return to Principal to be maintained in secure, confidential file*