

Eureka Union School District Volunteer Application

BP 1240 The Board of Trustees encourages parents/guardians and other members of the community to share time, knowledge, and abilities with students. Volunteer assistance in schools enriches the educational program, enhances supervision of students and contributes to school safety while strengthening the schools' relationships with the community. The Board also encourages community members to serve as mentors providing support and motivation to students.

Thank you for your interest in volunteering in our EUSD schools! We have a variety of ways to volunteer, so please review the different types of volunteering below, and fill the form out appropriately along with any required back up materials. The items requested are to ensure the safety and security of our staff and students from the various volunteer levels noted below:

	Description of Role	Required Documents
Volunteer (less than 10 hours/week)	Supervised by staff at all times, limited to 10 hours a week or less/week. (Class celebrations, PTA sponsored in-school activities, classroom assistance, lunch in cafeteria, special occasions, etc)	Volunteer ApplicationMegan's Law Screening
Frequent Volunteer (more than 10 hours/week, coaching, or overnight events)	Volunteer in classrooms or on the school site, for more than 10 hours/week on a regular basis throughout the year, attending overnight events, and are under the direct supervision of a district employee at all times with students Coaches – In order to coach, you first must have Fingerprint clearance, TB clearance, Mandated Reporting Training, and CPR and First-Aid certification.	 Volunteer Application Megan's Law Screening TB Test Clearance Fingerprint Clearance (\$47-\$69 avg-volunteer's responsible to pay-only once for all yrs in EUSD) If driving students: Copy of CA driver's license Insurance documentation DMV H6 Report

Volunteer Guidelines:

- All volunteers will follow district policies, rules and regulations and uphold high standards of adult behavior.
- All volunteers are expected to respect confidentiality concerning employees and students and/or information they may come into contact with during their course of volunteer work.
- All volunteers will wear a name tag/badge and register into the school office each time they come onto campus.
- Please report all injuries to the school office staff.
- Volunteers shall not have access to student cum folders, emergency cards, health records, attendance records, employee files, or employee addresses or phone numbers, nor will they participate in activities such as lice checks, or dispensing of medication. Volunteers will not transport an individual child/student unless it is their own child.

"Those who bring sunshine into the lives of others cannot keep it from themselves." – Sir James Barrie (Rev.4/12/2023)

EUSD Volunteer Application – Clearance Form

****Volunteers must wait for clearance to begin volunteering****



Volunteer Level(circle one)- <u>Volunteer</u> (less than 10 hours/week) <u>Frequent</u> (more than 10 hours/week, coaching & overnight events						
Legal Name			Date of Birth			
_	First)	(MI)				
Address						
(Street)			(City)	(State)	(Zip)	
Phone(s)		_ E-mail A	ddress			
In case of emergency notify	Phone	ne Relationship		tionship		
Check Site(s) to Volunteer - Greenhil		Oakhills		Maidu		
Excelsior	Ridgeview	7	Cavitt	Oly	mpus	
Student (s) Names						
Grade Levels						
REQUIRED: Have you been convicted (felor	ny\misdemeano	r), or have a	charge pendi	ng (felony\misde	meanor)? Circle One Yes\No	
 If "yes" list on the back of this applic convictions for "driving under the inj Education Code §44010 and 44011. 						
• Education Code §3502 prohibits the In Code §290 to serve in a volunteer cap serve as a volunteer, the District will call the Department of Justice or the pursuant to the process set forth in P. I hereby certify that the information contained have any of these statements verified by the Dispersons from any and all liability for any damaguse or disclosure of such information by the Dismisrepresentation, falsification, or material omit	sacity as an aid conduct an au Sheriff's Office enal Code §29 in this applicat strict, unless I ges that may re strict, or any o	de or superv stomated rec ce to inquire 0.4. ion form is t have indicat esult from fu f its agents,	ision of student ords check pur whether the in rue and correct ed to the contra- rnishing such in employees, or r	ts. Accordingly, suant to Educa adividual is a rest to the best of mry. Furthermore aformation to the epresentatives.	before authorizing person attion Code §35021.1 and/or gistered sex offender y knowledge and agree to , I release all parties and e District, as well as from the funderstand any	
Signature of Volunteer				_Date		
SITE OFFICE/ADMIN & DISTRIC						
Volunteer: (less than 10 hours / week) Vol. App (kept on site/Volunteer binder) Megan's Law (on site)	Vol. App Megan's Lav Copy of TB	(kept on si V (on s (on site	on site/fax, pdf to Kathy) Driver's License (on site) on site) Copies of DMV H6 / Insurance (if driving) (on site) site) Fingerprint Clearance (Clearance Date:) equire AB1432/CPR/First Aid certification (on site)			
All items required complete, and notification	ation of clear	rance made	e to volunteer	:: YES – initis	l	
Administrator's Signature						