Simi Valley Unified School District
School Volunteer Procedures

Volunteer help is defined as an adult providing help and performing duties for students at a school site without compensation.

Types of Volunteers

1. Parent Club and Special Event Volunteers*
   These volunteers provide assistance with snack bars, chaperone dances, help set up special activities, drive students on field trips and other limited events or special occasions. They work with other volunteers, are supervised by certificated staff, and do not have direct responsibility for supervising students.
   - These volunteers are required to complete the Volunteer Information Form that includes name, address and phone number, a brief description of service to be provided, a copy of their driver’s license, and name of supervisor.

2. Other Volunteers*
   These volunteers perform entry-level tasks that require little to no training in an administrative or academic setting. These volunteers are not to replace classified work. These volunteers are supervised and are not to be alone with students. Such volunteers who work five hours or more each week are required to meet the following conditions:
   - Completion of a Volunteer Information Form that includes name, address and phone number, a brief description of service to be provided, a copy of their driver’s license, and name of supervisor.
   - A valid tuberculosis (TB) test clearance.
   - No volunteer may provide services until the form and TB clearance are completed and on file with the principal.

*NOTE: Classified Personnel clearance is not required for volunteer types 1 & 2 above; however, proper documentation must be approved and on file with the principal at the school site.

3. Special Circumstances

Parents chaperoning students on overnight field trips may not always be under the direct supervision of certificated personnel and must be fingerprinted and have a clear TB test. Please refer to Overnight Volunteer/Chaperone Requirements.

The Principal/Office Manager should contact Classified Personnel (Debbie Schott) to obtain fingerprint and TB test forms for all parents chaperoning. Once parent returns completed and processed fingerprint and TB test forms to site, the Principal/Office Manager will submit copies of all required documents to Classified Personnel: completed Volunteer Information Form with copy of driver’s license
   - Copy of completed and processed fingerprint form
   - Copy of completed TB test clearance from doctor’s office

Volunteer types 1, 2, and 3 above who are driving on field trips must also complete the Field Trip by Private Vehicle Driver’s Statement and submit required documentation (copies of driver’s license, registration, and insurance with limits of $100/300).

The cost for the TB test and fingerprinting shall be the responsibility of the volunteer, unless the school site agrees to cover the cost.

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Simi Valley Unified School District
Volunteer Information Form

The Simi Valley Unified School District recognizes the tremendous positive impact that volunteers make in enriching educational programs and greatly appreciates the contribution of your time and energy in this regard. In order to safeguard students, the following identifying and background information is required of all volunteers who work with and around students.

**School at which you wish to volunteer:** ____________________________________________________________
(A copy of this form must be filed at each school where you wish to volunteer)

**Name:** ___________________________________________  **Home Phone:** ____________________________

**Address:** ________________________________________________________________

**City, State, Zip:** ______________________________________________________________

**Student(s) Name:** __________________________________  **Teacher/Supervisor Name:** ______________________

**Have you ever been convicted of or are you awaiting trial for any crime?**
Yes ☐  No ☐

If you answered yes to the above question, please attach a complete and accurate explanation of the circumstances to this form. An answer of yes will not necessarily disqualify you from volunteering. Any information provided in connection with a yes response will be kept confidential.

**Dates/days and hours volunteer services will be performed:** ________________________________

**Brief description of services to be performed:**

[Blank space for description]

**Can you perform all the essential functions of the volunteer position?**
Yes ☐  No ☐

**Identification:** Please attach a copy of your driver’s license or other picture identification card.

**Certification:** I hereby certify that all statements made on this form and any attachments are true and complete to the best of my knowledge and authorize investigation of all statements herein recorded.

**Signature of Volunteer** ___________________________________________  **Date:** ________________________

**Signature of Principal** ___________________________________________  **Date:** ________________________

**Type of Volunteer:** ☐ Type 1  ☐ Type 2  ☐ Type 3

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**Principal/District Office Use**

**Date:** ______________________

☐ TB Clearance Submitted  Valid through: ______________________

☐ Fingerprint Verification

☐ Personnel Office Approval

**NOTES:**
- The cost for the TB test and fingerprinting shall be the responsibility of the volunteer.
- Volunteers may not provide services until this form is completed and on file in the principal’s office. Siblings and/or other school age children are not allowed on school sites or field trips when serving in a volunteer capacity.
- Principal or designee has the authority to determine appropriate placement/timing.

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