



## Galt Joint Union Elementary School District

1018 C Street, Suite 210, Galt, CA 95632  
209-744 4545 / 209-744-4553 fax / www.galt.k12.ca.us

# VOLUNTEER APPLICATION

Student Volunteer

NAME \_\_\_\_\_ DRIVER'S LIC# \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

### **CRIMINAL BACKGROUND:**

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? \_\_\_\_\_ If yes, please attach an explanation. You may omit minor traffic violations. Drunk or reckless driving is not a minor offense. (The existence of a criminal record does not automatically bar you from volunteering. However, failure to report is cause for disqualification or dismissal.)

### **MEGAN'S LAW CLEARANCE:**

Every adult 18 years of age and over who wishes to participate in a school activity must be cleared through the Megan's Law Database. The site will conduct a Megan's Law background check (Penal Code 290).

### **CONFIDENTIALITY:**

I understand that during my association with the Galt Union Elementary School District, I am responsible for maintaining the confidentiality of any employee or student information I may have available to me. I understand that it is my responsibility to ensure the rights and confidentiality of written and verbal information.

I further understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and, if substantiated, may result in termination of volunteer involvement with the School District.

### **TB CLEARANCE:**

The Galt Joint Union Elementary School District requires that all employees and volunteers who work directly with students present a Verification of Clear Tuberculosis result taken within the last four (4) years. Tuberculosis verifications are valid for four (4) years. Please submit a copy of your recent TB test result when returning your completed Volunteer Registration Form.

***You must submit proof of a negative TB test result for your application to be complete.***

**PHOTO RELEASE:**

I hereby (circle one):            CONSENT            DO NOT CONSENT

to photograph/videotape and the use by the Galt Elementary School District of such photographs or videotapes for any purpose associated with promoting the District's public benefit or educational activities or programs.

**EMERGENCY MEDICAL CARE AUTHORIZATION:**

In the case of injury or suspected injury, I authorize the administration of urgent or emergency care, including transportation to an urgent care or emergency care provider. Any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures and/or provide medical care or treatment (including surgery) as they deem reasonable or necessary under all circumstances. All costs and expenses associated with such care are solely my responsibility. Authorization to provide such emergency medical care is a requirement to act as a volunteer in the Galt Joint Union Elementary School District.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Adult Volunteer, Parent/Legal Guardian of Student Volunteer)

**LIABILITY RELEASE:**

To the fullest extent allowed by law, applicable to the District (and their respective employees, agents and/or volunteers), I acknowledge and accept all such known and unknown risks, as well as risks that may arise from the providing/non-providing of medical care or attention in response to any potential injury. I also waive and release for myself any potential claim for personal injury (up to and including death), property damage, and/or other harm, injury, or loss.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Adult Volunteer, Parent/Legal Guardian of Student Volunteer)

**WORKERS' COMPENSATION COVERAGE:**

This is to advise you that Galt Joint Union Elementary School District has adopted a Board Resolution to cover authorized volunteers for the purpose of Workers' Compensation Benefits. Workers' Compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in the services of Galt Joint Union Elementary School District.

Should you be injured while serving in this capacity and therefore covered under our Workers' Compensation Program, we need to advise you that you would not be eligible to file any civil claim, action, or proceeding.

By signing this document, you acknowledge that Workers' Compensation benefits will be the sole remedy and agree to waive any civil liability.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Adult Volunteer, Parent/Legal Guardian of Student Volunteer)

*To be completed by District personnel.*

Megan's Law Cleared:    Yes    No                      Cleared by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Negative TB Test: \_\_\_\_\_ Copy of Driver's License:    Yes    No

District Office Signature \_\_\_\_\_ Date \_\_\_\_\_