



# 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 (Preschool)

**Complete the Volunteer Form, attach a copy of your current driver's license or valid state ID card with a clear picture and return to the school office with TB results (if applicable).**

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

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT NAME(S) \_\_\_\_\_

TEACHER NAME(S) \_\_\_\_\_

I plan to volunteer (circle one): Field Trips only    Less than 10 days in school year    10+ days in school year

### **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 explain. 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 wishing to participate in a school or classroom activity or chaperone a field trip 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 in the course of my association with the Galt Joint Union Elementary School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

I further understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding student 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 (applicable if working with students 10+ days in school year):**

The California State Licensing requires that all volunteers who are working directly with students must present a Verification of Clear Tuberculosis result which has been taken within the last year. Please submit a copy of your recent TB test result to your School when returning your completed Volunteer Registration Form.

**IMMUNIZATION CLEARANCE (applicable if working with students):**

- ✓ Pertussis (Whooping cough)
- ✓ Measles
- ✓ Influenza

**AFFIRMATION OF GOOD HEALTH**

I affirm that I am in good health. \_\_\_\_\_ (initials)

**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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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To be completed by Site personnel.

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

**Date of Negative TB Test:** \_\_\_\_\_ **Required Immunization Completed:** \_\_\_\_\_

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

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

*Send a copy of the completed form, Driver's License and TB test results to Alicia Valdovinos at the District Office.*