



# SYLVAN UNION SCHOOL DISTRICT

605 SYLVAN AVENUE MODESTO, CA 95350 (209) 574-5000 FAX: (209) 524-2672

[www.sylvan.k12.ca.us](http://www.sylvan.k12.ca.us)

**DIOLINDA PETERSON**  
Superintendent  
dpeterson@sylvan.k12.ca.us

Dear Volunteer Applicant,

## BOARD OF TRUSTEES

**CHRISTINE HARVEY**  
President

**CYNTHIA LINDSEY**  
Vice President

**GEORGE RAWE**  
Member

**HOLLY TALLCOTT**  
Member

**JENNIFER MIYAKAWA**  
Member

We are extremely pleased that you are volunteering to assist our Sylvan Union School District students and staff. Your time, energy and commitment are greatly appreciated.

Attached is an application you **must** complete in order to serve as a volunteer in our district. Some items you will need to provide include: current proof of tuberculosis (TB) clearance, a current copy of your driver's license. Depending on the Level of Volunteer you are applying for, you will be required to complete and provide the mandated reporter training certificate and fingerprinting.

Please return the completed application to **each** school site in which you would like to volunteer. Once the site Principal has reviewed the application and completed the screening through the Megan's Law website, you will be contacted by the school site. We look forward to working with you as a Sylvan Union School District volunteer.

Thank you and welcome!

Human Resources Department

### *Our Mission:*

*To provide a dynamic, broad-based education that prepares each child to be a contributing member of society.*



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## Sylvan Union School District Volunteer Screening Procedures:

**DIOLINDA PETERSON**  
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### Level I Volunteers -

Level I volunteers are defined as volunteers who are supervised by a SUSD employee and have:

- Permission to be on campus for activities including but not limited to observations, meetings, school events and assemblies

#### **Procedures for Level I volunteers are as follows:**

- Check in with a valid ID.
- Tuberculosis testing or a background fingerprinting check is not required.

### Level II Volunteers -

Level II volunteers are defined as volunteers who are supervised by a Sylvan USD employee and have:

- Direct student contact; or
- Ongoing small group contact with students; or
- Weekly student contact by assisting in classrooms.

#### **Procedures for Level II volunteers are as follows:**

- Complete volunteer application process (i.e. current Driver's license on file, Tuberculosis (TB) clearance, Site training, and Cleared by administration.)
- Check in with a valid ID.

### Level III Volunteers -

Level III volunteers are defined as volunteers who have:

- Approval to assist in a classroom on a regular basis
- Direct contact with students (i.e. youth ministers, interns-special education, counseling)
- Chaperone approved for field trips including overnight school sponsored events.

#### **Procedures for Level III volunteers are as follows:**

- Complete volunteer application process (i.e. current Driver's license on file, Tuberculosis (TB) clearance, Site training, and Cleared by administration, **Live Scan** - Fingerprinting required)
- Complete online Mandated Reporter training at <https://mandatedreporter.ca.com> - school personnel training; and
- Check in with a valid ID.

***Sylvan USD site administrators are ultimately responsible for determining and completing the appropriate level of screening for school volunteers at the school sites.***

#### **Notes:**

- ❖ SUSD employee requirements - Fill out an application, read and sign Code of Ethics.
- ❖ SUSD students who are volunteering do not need to go through the volunteer application process. ❖ College or program students need to follow the volunteer process.
- ❖ Walk-on Coaches need to follow the separate procedure which has been established for them..

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## PLEASE READ and INITIAL BELOW:

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### \_\_\_\_ STATEMENT OF CONFIDENTIALITY FOR SUSD VOLUNTEER

All Sylvan USD volunteers are expected to maintain confidentiality while working in the school. I understand that in the course of volunteering at a school site that I share the responsibility of maintaining the confidentiality of any employee or student information that may be available to me. I further understand that 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 may result in termination of volunteer involvement with the school and or District.

### **Sylvan Union School District Board Policies related to Volunteer Services**

#### \_\_\_\_ 1240 (a) Volunteer Assistance

The Superintendent or designee shall develop and implement a plan for recruiting, screening, and placing volunteers, including strategies for reaching underrepresented groups of parents/guardians and community members. He/she may also recruit community members to serve as mentors to students and/or make appropriate referrals to community organizations.

*(cf. 1020 - Youth Services)*

*(Cf. 1400 - Relations between Other Governmental Agencies and the Schools)*

The Superintendent or designee shall establish procedures for determining whether volunteers possess the qualifications, if any, required by law and administrative regulation for the types of duties they will perform. Volunteers shall act in accordance with district policies, regulations, and school rules. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

#### \_\_\_\_ 54145.7 Sexual Harassment - Students

The Governing Board is committed to maintaining a safe school environment that is free from harassment and discrimination. The Board prohibits sexual harassment of students at school or at school-sponsored or school related activities. The Board also prohibits retaliatory behavior or action against any person, who reports, files a complaint or testifies about, or otherwise supports a complainant in alleging sexual harassment.

#### \_\_\_\_ 3513.3 Tobacco-Free School

The Governing Board recognizes that smoking and other uses of tobacco and nicotine products constitute a serious public health hazard and are inconsistent with district goals to provide a healthy environment for students and staff. The Board prohibits the use of tobacco products at any time in district-owned or leased buildings, on district property, and in district vehicles.

This prohibition applies to all employees, students, and visitors at any instructional program, activity or athletic event.

#### \_\_\_\_ Acknowledgement Regarding Child Abuse

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

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## TUBERCULOSIS CLEARANCE FOR VOLUNTEER APPLICANTS

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One of the requirements to become a Level II/III Volunteer is to provide proof of a tuberculosis clearance.

This clearance shall consist of an approved intradermal tuberculin test. If the test is positive then it shall be followed by an x-ray of the lungs.

Intradermal tests and x-rays are **valid for 4 years**, unless notified by the Human Resources department. All tests are done at the volunteers expense.

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# SITE VOLUNTEER APPLICATION

CFB SH SO ST SC SY WO US OR FR DS MAS CR

*Sylvan Union School District*

FULL LEGAL NAME: \_\_\_\_\_

*Last First Middle Name Maiden Name / Alias*

STUDENT'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ SIBLING &

SCHOOL SITE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

*Street Number City State Zip Code*

MAILING ADDRESS (if different): \_\_\_\_\_

*Street Number City State Zip Code*

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE CONTACT NUMBER: \_\_\_\_\_ ANY OTHER NAMES

YOU HAVE GONE BY (Maiden, etc.): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

THE EVENT OF EMERGENCY CONTACT: \_\_\_\_\_

*Name Relationship Phone Number*

Circle opportunities you are interested in:

**Field Trip Chaperone Classroom volunteer Office Volunteer PTA volunteer Student Teacher Sports Coach Classroom**

**Observation (Student Teacher) Other**

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: Exclude convictions for marijuana-related offenses if more than two years old.) **YES or NO**

If "Yes," list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 440 I0 and 440 II, except for convictions related to marijuana If it is more than two year after the date of the conviction. Include any serious or violent felony convictions in any state or Jurisdiction as enumerated in California Penal Code section 667.6© and 1192.7©.

By \_\_\_\_\_ submitting my application and in accordance with California Education Code Section 35021.1, I hereby authorize the school to conduct a background investigation and authorize release of information in connection with my application for volunteer status. In signing below, I affirm that the Information provided in this application is true and correct to the best of my knowledge. Any falsification on this application may result in denial or revocation of my volunteer relationship. I have read and agree to the Board Policies listed on the back side of this application. **Please submit an application to each site in which you would like to volunteer**

*Signature Date*

-----This Section to be completed by SUSD-----

TB Test Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Photo ID Copied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Mandated Reporter: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fingerprint: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Megan's Law: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

COVID Vaccination 1<sup>st</sup>: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COVID Vaccination 2nd: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COVID Vaccination Booster: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPROVED FOR: \_\_\_\_\_ LEVEL: \_\_\_\_\_ APPROVED By: \_\_\_\_\_ DATE: \_\_\_\_\_