

Volunteer Packet

A volunteer is someone who offers their time and skills to help an organization or cause without receiving payment, contributing to a community or mission through their efforts. The Santa Clara County Office of Education (SCCOE) strives to create a rewarding volunteer partnership among its students, staff, families and the community that enhances individual potential and student achievement.

Our goal is to make your time spent at a SCCOE site rewarding for everyone. We strongly believe in protecting the children we serve, our staff, and the community. As a safeguard, we screen all volunteer applicants. Please review the following list for items that will need to be completed for your volunteer activity with the SCCOE.

Complete and submit this packet of information to your program representative and include the following items at the same time.

- **Provide** proof of TB Clearance by either a [TB Risk Assessment](#), TB test (blood or skin) from within the last 60 days, or chest x-ray from within the last 6 months

For HeadStart, State Preschool, Educare, a Special Education Inclusion Preschool Classroom, or a Licensed Day Care Facility ONLY, also complete the following items:

- Complete the AB1207 Mandated Reporter Training and submit your certificate of completion. This is in addition to the Mandated Trainings listed below
- Complete a Health Screening Report (must be signed by a Healthcare Provider)
- Submit your Immunizations records for pertussis (whooping cough), measles, and the annual flu vaccination (proof of a flu shot is required between August 1 and December 1), or complete the Immunization Verification/Waiver Form

After you have submitted your complete Volunteer Packet, including the items above, to your program representative, they will forward it to the *Resource Support Services* (RSS) department at the SCCOE.

Program representative: please email complete packet to: hrprogramsupport@sccoe.org.

RSS will then reach out to the applicant to schedule their Live Scan (fingerprint background check) appointment at the SCCOE and provide the required training information.

Applicant: please bring the following to your Live Scan fingerprint appointment: A completed Live Scan Form and a valid state issued driver's license/identification card.

You will receive an email containing a link to the following trainings: Protecting Youth, Preventing Harassment & Discrimination, and Bloodborne Pathogens. Once completed, please notify us.

Volunteer Application

Full Legal Name: _____ Home Telephone Number: (____) ____ - ____

Date: _____ 18 years old? ☐ Yes or ☐ No *If not 18 years old, what is your date of birth? ____/____/____*

Address: _____ Mobile Telephone Number: (____) ____ - ____

City: _____ Zip: _____ Email Address: _____

Are you a student? ☐ Yes, where? _____ ☐ No

Are you completing service learning hours for a course? ☐ Yes, how many and by when? _____ ☐ No

How did you hear about our volunteer opportunities?

☐ Friend or family ☐ Our school site(s) ☐ SCCOE Employee? Who? What is the relationship? _____ ☐ Brochure or Flyer, where? _____ Other? _____

PROFESSIONAL AND VOLUNTEER EXPERIENCE *Please list your present or most recent employer:*

Employer _____ Position _____

Address _____ City _____ Phone _____

Please list previous volunteer experience with children, if any:

Organization _____ Contact person _____

Address _____ City _____ Phone _____

Volunteer Activity _____

SPOKEN AND WRITTEN *Please note fluency in languages other than English:*

Which language? ☐ Spoken ☐ Written Which language? ☐ Spoken ☐ Written Proficient - American Sign language? ☐ Yes ☐ No

STUDENT GRADES *Please note student age preference(s) for assisting:*

☐ Birth-3 yrs old ☐ Pre-School (3-5 yrs old) ☐ K-2nd (5-7 yrs old) ☐ 3rd-5th (8-10 yrs old) ☐ 6th-8th (11-13 yrs old) ☐ High School (14-18 yrs old) ☐ Post Senior (18-22 yrs old)

SCCOE PROGRAMS *Please note your program preference(s):*

☐ Special Education ☐ Head Start, State Preschool or Educare ☐ Other _____

AVAILABILITY *Please indicate your availability. (Example: Monday 1p.m. to 3p.m.). Note that most volunteer activities are during the regular school day hours (8 a.m. to 3 p.m.).*

☐ Monday Hours: _____ ☐ Tuesday Hours: _____ ☐ Wednesday Hours: _____ ☐ Thursday Hours: _____ ☐ Friday Hours: _____

Is there a specific SCCOE school site, teacher or program where you want to volunteer? If yes, please list below:

Why do you wish to volunteer with the SCCOE? Please explain: _____

VOLUNTEER ACTIVITIES: *Please place a checkmark beside the activities that interest you. Not all activities involve students:*

- | | | |
|---|--|--|
| <input type="checkbox"/> Classroom Assistance | <input type="checkbox"/> Music and Art | <input type="checkbox"/> Reading and Sharing |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other _____ |

LOCATION: *Please indicate the area(s) in Santa Clara County where you would be interested in volunteering:*

- | | | | | | |
|------------------------------------|--|---|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Alum Rock | <input type="checkbox"/> Cupertino | <input type="checkbox"/> Gilroy | <input type="checkbox"/> Morgan Hill | <input type="checkbox"/> San Jose | <input type="checkbox"/> Union |
| <input type="checkbox"/> Berryessa | <input type="checkbox"/> East Side | <input type="checkbox"/> Los Gatos | <input type="checkbox"/> Mountain View | <input type="checkbox"/> Santa Clara | |
| <input type="checkbox"/> Cambrian | <input type="checkbox"/> Evergreen | <input type="checkbox"/> Luther Burbank | <input type="checkbox"/> Mt. Pleasant | <input type="checkbox"/> Saratoga | |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Franklin-McKinley | <input type="checkbox"/> Milpitas | <input type="checkbox"/> Oak Grove | <input type="checkbox"/> Sunnyvale | |

VOLUNTEERS-PLEASE READ, SIGN, AND DATE THE FOLLOWING:

I, _____ *(please print your name)* certify under penalty of perjury and in conformance with Education Code 35021 that I am not required to register as a sex offender pursuant to Penal Code 290 and to the best of my knowledge, all information given by me in this application and in any other forms I complete during the application process is true and correct. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being accepted as a volunteer or for my being dismissed if I am already a volunteer no matter when discovered. I authorize the Santa Clara County Office of Education to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my employment, volunteer history, character, and qualification and they are hereby released from all liability for providing such information. I agree that the Santa Clara County Office of Education may at any time, at its sole discretion, terminate my status as a volunteer.

Applicant's Signature: _____ **Date:** _____

If under the age of 18, name of parent/legal guardian (please print): _____

Parent/Guardian's Signature: _____ **Primary Phone Number:** _____

Background Check / Confidentiality Agreement / Medical Release Authorization Form

Background Check

I authorize the Santa Clara County Office of Education (SCCOE) to investigate all of the information contained in my application. Any persons or organizations named are authorized to provide information regarding my employment, volunteer history, character, and qualifications and they are hereby released from all liability for providing such information. I agree that the Santa Clara County Office of Education may at any time, at its sole discretion, terminate my status as a volunteer.

Applicant Signature: _____ **Date:** _____

If under the age of 18, name of parent/legal guardian (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____

Confidentiality Agreement (FERPA, HIPAA)

I, _____ (*Applicant Name*), understand that I may have access to proprietary or confidential information that may be owned or controlled by the SCCOE and that such information may contain proprietary details, the disclosure of which to third parties will be damaging to the SCCOE, its employees or students. I understand and agree that the disclosure of such information may violate state and federal law and may subject to civil liability. Consequently, I agree that all information disclosed by the SCCOE to me shall be held in strict confidence and used only in the performance of my work unless disclosure is required by law or court order. I shall exercise the same standard of care to protect such information as is used to protect its own proprietary or confidential information.

I shall comply at all times with the requirements of the Family Educational Records Privacy Act ("FERPA") and relevant state law regarding the confidentiality and handling of student records, including but not limited to California Education Code sections 49073 and sequential. I shall only access confidential student information pursuant to prior written parental consent, legitimate educational interest in performing duties on behalf of SCCOE under this Agreement, or other provisions of federal and state law permitting access to confidential student information. I shall not use confidential student data for any purposes other than providing services to the SCCOE pursuant to this Agreement. I shall not redisclose confidential student information to any third party without the prior written consent of the SCCOE and any such re-disclosure shall be consistent with state and federal law.

I shall comply at all times with the requirements of the "protected health information" ("PHI") as that term is defined in the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations thereunder (collectively, "HIPAA") is necessary for the performance of the duties and responsibilities under this Agreement. As a result, I agree and acknowledge that it is a "Business Associate" of the SCCOE as that term is defined under HIPAA. As a Business Associate, shall be subject to, and shall comply with, the conditions and restrictions regarding the use of PHI as required under HIPAA. My failure to comply with the provisions shall constitute a material breach of this Agreement. It is possible that in providing the Services, may have or be provided access to "protected health information" ("PHI") as that term is defined in the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder (collectively, "HIPAA"). I agree and acknowledge that all protected health information shall be treated as confidential information.

Medical Release Authorization Form

I, _____ (*Applicant Name*), release my immunization and tuberculosis screening records to: The Santa Clara County Office of Education; 1290 Ridder Park Drive; San Jose, CA 95131 for the health and safety of students whom I may have contact with or access to in providing services to the SCCOE. This authorization is in effect until I am no longer employed by a person or company doing business with the SCCOE

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

Applicant Signature: _____ **Date:** _____

If under the age of 18, name of parent/legal guardian (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____

Emergency Information

Volunteer's Name: _____

Person(s) to contact in case of emergency, if under 18, parents please sign at the bottom:

Name: _____ **Relationship:** _____

Address: _____ **Day Phone:** _____

_____ **Alternate Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Day Phone:** _____

_____ **Alternate Phone:** _____

Name of Physician: _____ **Insurance Carrier:** _____

Phone: _____ **Medical #:** _____

Name of Dentist: _____ **Insurance Carrier:** _____

Phone: _____ **Medical #:** _____

Do you have any physical limitations or special medical conditions that require reasonable accommodations?

If yes, please list. _____

If it is necessary for a volunteer to receive medical care for an injury that occurred during a volunteer activity, they must be seen by one of the SCCOE's workers' compensation medical panel providers, unless prior to the injury, a pre-designated physician is on record with the SCCOE site.

Volunteer's Signature: _____

In case of an emergency, the SCCOE has my permission to seek medical attention for my child under the age of 18.

Name of parent/legal guardian (please print): _____

Parent/legal guardian's Signature: _____ **Emergency Phone Number:** _____

A copy of this will be sent to the SCCOE assigned site, the original will be kept with Personnel Services.

Volunteer Code of Conduct

The Santa Clara County Office of Education (SCCOE) aims to develop and maintain a safe and secure learning environment for all students, staff, parents, and guests. The SCCOE expects all persons to act in the best personal and educational interests of every student and to treat all equally. The safety, welfare, and well-being of our students are our primary concern. To help us achieve this goal, this code of conduct has been developed to promote the basic principles of awareness and protect our students and staff.

Please read this code thoroughly and check off each box indicating that you will observe all SCCOE policies and directives when fulfilling your guest role.

Volunteers MUST:

1. ☐ Not be left alone with students
2. ☐ Portray a positive role model by maintaining an attitude of respect, patience, courtesy and maturity
3. ☐ Not pray with students, encourage them to pray, or discuss their faith
4. ☐ Not have visitors during their time on an SCCOE site
5. ☐ Not use, possess, or be under the influence of alcohol or illegal drugs and follow our office's tobacco-free policy and refrain from smoking or using tobacco products while on SCCOE property
6. ☐ Respect the confidential information of students, their families and staff
7. ☐ Fully co-operate with the SCCOE practices and policies including those regarding sexual harassment, relationships with staff and students, and electronic and information systems
8. ☐ Not release students to anyone. Contact SCCOE staff if someone asks for a student
9. ☐ Not give students non-school related rewards, incentives or gifts
10. ☐ Not give out nor accept money or personal information (telephone numbers, e-mail or home address) from students
11. ☐ Appear clean, neat, appropriately attired and use appropriate language
12. ☐ (Community School sites only)
 - Wear no clothing in colors related to gangs: Blue, Red or Purple (though blue jeans are acceptable)
 - No clothing with gang or sport teams' insignias
 - No beanies, rags, bandanas, skullcaps, hairnets and/or visors
13. ☐ Not abuse children. This includes physical abuse (strike, spank, shake, slap), verbal or mental abuse (humiliate, degrade, threaten), sexual abuse (inappropriate sexual touching or exposure), and neglect (withhold food, water, basic care, etc.)
14. ☐ Not give any medication or first aid to a student but notify a staff member immediately if a student is ill or injured
15. ☐ Not transport a student nor meet with a student outside of the SCCOE activity site
16. ☐ Not drive SCCOE vehicles, be in procession of site keys, computer passwords, or utilize office equipment
17. ☐ Not share food with students (due to special meal requirements or allergies)
18. ☐ Not photograph or videotape students
19. ☐ Not use cellphones or the Internet for personal use while in the classroom (excluding emergencies)
20. ☐ Maintain scheduled days/hours and notify the site if you will not be present
21. ☐ Not engage in unethical, illegal, immoral or unprofessional behaviors with students or staff
22. ☐ Only engage in age-appropriate physical contact with students such as handshakes, fist bumps and side hugs (no tickling, wrestling or children sitting in laps)

I understand the above outlined code of conduct and will uphold and agree to abide by it during my site visit. Both a parent or guardian and the volunteer applicant must sign if volunteer is under the age of 18.

Volunteer's Name: _____ **Signature:** _____ **Date:** _____
Parent/Legal Guardian's Name: _____ **Signature:** _____ **Date:** _____