

## **Continuing Volunteer Packet School Year 2025 - 2026**

We strongly believe in protecting the children we serve, and as such, the Santa Clara County Office of Education (SCCOE) screens all persons working with students. Our goal is to make your time spent rewarding for everyone involved. Please review the following list for items that will need to be completed prior to services continuing.

1. Update and submit, to your program representative, all of the following at once in PDF format
  - a. Emergency Information Sheet
  - b. Volunteer Code of Conduct
  - c. Renewed [TB Clearance](#) (if older than four years from your original start date)

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

2. Complete the AB1207 Mandated Reporter Training and submit your certificate of completion. (This is in addition to the mandated trainings mentioned above, in item 1b)
3. Provide annual flu vaccination (proof of a flu shot) is required between August 1st and December 1<sup>st</sup>, or complete the [Immunization Verification/Waiver Form](#)

## 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:** \_\_\_\_\_