

## Guest Guide

A guest is anyone visiting SCCOE sites for a period of time that does not exceed 10 hours (within a fiscal year). Any person whose visit exceeds 10 hours will need to be processed as a volunteer or contractor. *The department/program representative is responsible for keeping track of the guest's hours to ensure that they do not exceed the allotted amount of time provided.*

We strongly believe in protecting the children we serve, our staff, and the community.

**Please review the following checklist for items that will need to be submitted to the department/program representative for your guest activity with the SCCOE:**

- ☐ Complete the Guest Code of Conduct Form
- ☐ Copy of State Identification or License

***If an Early Learning Services Guest needs to be cleared to be active in the classroom, immunization records of the following are required:***

- Pertussis (whooping cough)
- Measles
- Annual flu vaccination (proof of a flu shot is required between August 1st and December 1st of each year) or complete the Immunization Verification/Waiver Form

The Department/Program Representative will then submit all documents to [HRProgramSupport@sccoe.org](mailto:HRProgramSupport@sccoe.org).

Resource Support Services will use the Guest's legal name to conduct a search on Megan's Law and the National Sex Offender Registries website. Once cleared, RSS will notify the department/program representative.

### SCCOE Guest Code of Conduct, Waiver and Release Agreement

The Santa Clara County Office of Education (SCCOE) aims to develop and maintain a safe and secure learning environment for all students, staff, and its community. The SCCOE expects all persons to act in the best personal and educational interests of every child and to treat all students equally. The safety, welfare, and well-being of our youth are of primary concern to all. To promote the basic principles of awareness and protection for our youth this SCCOE Guest Code of Conduct has been developed to help achieve this goal.

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

#### **Guests MUST:**

1. ☐ Certify under penalty of perjury and in conformance with Education Code 35021 that they are not required to register as a sex offender pursuant to Penal Code 290.
2. ☐ Be free of infectious diseases including Tuberculosis (TB) in conformance with Health and Safety Code 121364 & Ed Code 49406
3. ☐ Portray a positive role model for children by maintaining an attitude of respect, patience, courtesy, and maturity
4. ☐ Not be alone with a student(s) where SCCOE staff cannot observe
5. ☐ Not pray with students, encourage them to pray, or discuss their faith
6. ☐ Not have visitors during their time on an SCCOE site without prior approval
7. ☐ Not use, possess, or be under the influence of alcohol or illegal drugs while on an SCCOE site
8. ☐ Fully co-operate with the SCCOE policies and procedures in the best interest of students and staff
9. ☐ Not release students to anyone but will contact the SCCOE staff if someone asks for a student
10. ☐ Not give out nor accept money or personal information such as telephone numbers, email or home address from students
11. ☐ Appear clean, neat, and appropriately attired and use only appropriate language
12. ☐ 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), neglect (withhold food, water, basic care, etc.)
13. ☐ Not give any medication or first aid to a student but will notify a staff member if a student is ill
14. ☐ Not transport a student nor meet with a student outside of the SCCOE activity site
15. ☐ Not drive SCCOE vehicles or be in possession of SCCOE site keys, computer passwords, or utilize office equipment
16. ☐ Not share food with children (some may have special meal requirements or might be allergic to certain foods)
17. ☐ Not take photographs or video tape of students or staff
18. ☐ Report suspected or known child abuse or neglect to school immediately

**Consent.** I consent to the use of my name, voice, statements, photographs, videotape, and related representations involving use of my voice or pictures of me, or both, by any and all entities that comprise the SCCOE, for the purposes of press-related items, including but not limited to brochures, posters, press releases, fliers, newsletters, the SCCOE website, and any and all other promotional items. I further acknowledge that I will receive no compensation. The SCCOE is the absolute owner of any and all photographs, recordings, and other items (and all rights therein, including the copyright) to which this agreement applies. I voluntarily agree to and accept the terms and condition as outlined in this guest agreement.

**Waiver and Release Agreement.** This intends to discharge in advance the SCCOE (its officers, employees, agents and volunteers) from any and all liability that may arise out of negligence or carelessness on the part of the SCCOE (its officers, employees, agent and volunteers) or any dangerous conditions. It is further agreed that this Waiver and Release Agreement is to be binding on my heirs and assigns. I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with those guest activities. I also understand that my status is that of a guest and not an employee of SCCOE and, furthermore, that I may not be entitled to any Worker's Compensation Benefits or other SCCOE related benefits as a result of my guest activities for the SCCOE. I agree to waive and relinquish all claims against the SCCOE and its officers, agents, employees and volunteers that may result from my participation in guest activities. I do hereby fully release and discharge the SCCOE its officers, agents, employees and volunteers from any and all claims for injuries, damage or loss which I may have or which may accrue to myself arising out of, connected with, or in any way associated with the guest activities.

**In the event of any emergency,** I authorize the SCCOE officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Waiver and Release Agreement and Permission to Secure Treatment. I agree to abide by all instructions set forth by the SCCOE staff during my guest activities.

***I understand the above outlined and will uphold and agree to abide by it and will sign-in and out during my visit.***

**(Please Print Legibly) Guest's Association (school, club, non-profit, company, etc.):** \_\_\_\_\_

**Guest's Full Legal Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Name: (if under 18):** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Activity:** \_\_\_\_\_ **Activity Date/School Year:** \_\_\_\_\_ **Location (School Site):** \_\_\_\_\_

**SCCOE Supervisor Name:** \_\_\_\_\_ **SCCOE Supervisor Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Any Health Concerns (asthma, etc.):** \_\_\_\_\_

**(For SCCOE Use Only)**

**Megan's Law & National Sex Offender Search Clearance Date:** \_\_\_\_\_ **By Whom:** \_\_\_\_\_