

## ***How to volunteer with the SCCOE***

We strongly believe in protecting the children we serve and as such the SCCOE screens all persons working with our students.

Our goal is to make your time spent at an SCCOE site rewarding for everyone involved. Please review the following checklist for items that will need to be completed.

***Read, complete and submit the following:***

- ☐ SCCOE volunteer forms: Information Sheet, Living Our Values, Volunteer Code of Conduct and Volunteer Agreement
- ☐ Tuberculosis (TB) clearance from a US State Department of Health and Services licensed healthcare provider (within the past 60 days)
  - TB risk assessment and certificate of completion or TB test
- ☐ Licensed daycare facilities: health screening form and proof of immunizations
  - ☐ Yes ☐ N/A
- ☐ Schedule a Live Scan fingerprint appointment with SCCOE's Workforce and Organization Development department at [WOD@sccoe.org](mailto:WOD@sccoe.org) or 408-453-4362

Bring the following to your fingerprint appointment:

- ✓ State issued driver's license/identification card (\*see below for other forms of acceptable ID)
- ✓ Know your Social Security Number (for faster background checks)

\*Acceptable forms of secondary personal ID. If you do not have a state issued driver's license or ID, bring one of the following from list A and two from list B to your appointment.

***List A***

- State issued certificate of birth
- U.S. duty/retiree/reservist military ID
- US passport
- Federal ID card
- Department of Defense common access card
- U.S. tribal of Bureau of Indian Affairs ID
- Social Security Card
- Court order for change - name/gender/adoption/divorce
- Marriage certificate
- U.S. government issued consular report of birth abroad
- Foreign passport w/ appropriate immigration documents
- Certificate of citizenship
- Certificate of naturalization
- INS resident alien card issued since 1997
- INS temporary resident ID
- INS employment authorization card

***List B***

- Utility bill with address
- Jurisdictional voter registration card
- Vehicle registration card/title
- Paycheck stub with name/address
- Spouse/parent affidavit
- Cancelled check or bank statement
- Mortgage documents

## Information Sheet

This information will be extremely important in the event of an accident or medical emergency. This is CONFIDENTIAL and will not be shared outside of your assigned SCCOE location.

**Date:** \_\_\_\_\_ **Volunteer's Group/Association:** \_\_\_\_\_

☐ **Mr.** ☐ **Ms.** **Name:** \_\_\_\_\_

**Home Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **Cellphone:** (\_\_\_\_) \_\_\_\_\_

**Primary Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Emergency Information

Person(s) to contact in case of emergency:

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

**Comments (include any special medical or personal information you would want an emergency care provider to know):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1290 Ridder Park Drive, MC 264 San Jose, California 95131-2304

Phone: (408) 453-4362 \* Fax: (408) 453-6723 \* email address: [WOD@sccoe.org](mailto:WOD@sccoe.org) \* website address: [www.sccoe.org](http://www.sccoe.org)

# Signature Page

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## Code of Conduct – *Living Our Values*

I have read, understand, and agree to abide by the SCCOE Code of Conduct, Living Our Values.

**(Please print) Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Last Four Digits of Social Security Number XXX - XX -**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Status:**

☐ Employee   ☐ Substitute   ☐ Volunteer   ☐ Contractor   ☐ Other \_\_\_\_\_

**Note:** *This agreement will be kept in the guest's file.*

### SCCOE 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 staff and guests 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.*

**Volunteer/Guest 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 but contact SCCOE staff if someone asks for a student
9. ☐ Not give out nor accept money or personal information (telephone numbers, e-mail or home address from students)
10. ☐ Appear clean, neat, and appropriately attired and use only appropriate language
11. ☐ 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.)
12. ☐ Not give any medication or first aid to a student but notify a staff member immediately if a student is ill or injured
13. ☐ Not transport a student nor meet with a student outside of the SCCOE activity site
14. ☐ Not drive SCCOE vehicles or be in possession of SCCOE site keys, computer passwords, or utilize office equipment
15. ☐ Not share food with students (due to special meal requirements or allergies)
16. ☐ Not photograph or videotape students
17. ☐ Not use cell phones or the Internet for personal use while in the classroom (excluding emergencies)
18. ☐ Maintain scheduled days/hours and notify the site if you will not be present

*I understand the above outlined code of conduct and will uphold and agree to abide by it during my site visit*

**Date:** \_\_\_\_\_ **Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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### Volunteer Agreement

The Santa Clara County Office of Education (SCCOE) volunteer handbook describes important information about the SCCOE and your volunteer activity. Please read the following, add your name where appropriate and sign at the bottom to verify that you have received, read, understand and agree to abide by the SCCOE Volunteer Handbook.

I have entered into a volunteer relationship with the SCCOE and acknowledge that I shall not nor shall I expect to receive any form of payment for volunteer talents and services I contribute to the SCCOE. I may terminate my volunteer service at any time and for any reason and the SCCOE also reserves the right to end my volunteer service whenever the SCCOE deems it to be in the best interest of the SCCOE or the students.

**Handbook.** I have received a copy of the SCCOE volunteer handbook, and I understand that it is my responsibility to read and comply with the guidelines contained in this handbook and any revisions made to it. The SCCOE reserves the right to make changes in content or application as it deems appropriate, and these changes may be implemented even if they have not been communicated and may supersede, modify, or eliminate existing guidelines. I acknowledge that revisions to the handbook may occur and I should consult with the Workforce and Organization Development or my site liaison should I have any questions. Updated versions of the handbook shall be available on the SCCOE website.

The contents of this handbook and the guidelines and procedures described in it are presented as a matter of information and general guidance only and are intended to provide guidelines for site liaisons and volunteers. I acknowledge that this handbook is neither a contract of volunteer service, employment nor a legal document.

**Commitment.** I understand that as a volunteer for the SCCOE I am committing to this volunteer activity. While the expected commitment varies according to the type of activity each volunteer participates in, the average volunteer activity at a SCCOE site is one school semester (approx. 4 ½ months or 40 hours). In addition, I understand that any materials provided to me for the purpose of my volunteer activity are to be returned to the SCCOE upon completion of my participation as an SCCOE volunteer.

I further acknowledge that I will not share any proprietary information with anyone outside of the SCCOE regarding the SCCOE, its programs or students during or subsequent to my volunteer service. I understand that all materials created by me in the course of my volunteer service for the SCCOE are the property of the SCCOE. In addition, at the end of my volunteer activity, I acknowledge that I will be requested to complete an evaluation of my experience while volunteering at the SCCOE.

I understand and hereby agree to hold the SCCOE, its Board, Officers, employees, volunteers and agents, harmless for any loss, damage or injury sustained by me from any cause whatsoever, arising out of or in connection with volunteering at the SCCOE. I understand that any injury or illness arising out of and in the course of approved volunteer service may entitle me to workers' compensation benefits under the State of California Labor Code. I voluntarily agree to and accept the terms and condition as outlined in this volunteer agreement and handbook.

**AGREED AND ACCEPTED ON THIS DATE:** \_\_\_\_\_

**Volunteer's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Signature of Parent or Guardian:** \_\_\_\_\_

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