

## Volunteer Application

Thank you for inquiring about volunteer activities at the Santa Clara County Office of Education (SCCOE).

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 volunteer applicants. Please review the following checklist for items that will need to be completed for your volunteer activity with the SCCOE.

### Items to be completed:

1.  Complete and submit this volunteer packet.
  - We match our volunteers based on their application which lists their interests, skills, location, and availability.
  - Read, nothing to submit: [Compliance Handbook](#) and [Technology Agreement](#).
2.  Submit this packet to [hrprogramsupport.org](http://hrprogramsupport.org) and wait for approval of a school location before obtaining your TB clearance and proofs any other requested medical documentation.
3.  **If accepted**, you may be required to submit a tuberculosis (TB) clearance (test or risk assessment and certificate of completion) from within the past 60 days (for those over the age of 18)
  - TB clearances must be updated every four years
  - Chest x-rays are acceptable for up to four years.

**If your chosen site is one of our licensed early learning sites (HeadStart, State or Educare Preschool), you will also need to submit:**

  - [Health Screening Report](#),
  - [Immunization Verification/Waiver Form](#)
  - [Annual Influenza Vaccination/Waiver Form](#) between August 1<sup>st</sup> and December 1<sup>st</sup>.
4.  Once a volunteer activity is located for you, you will be informed if you will need to schedule a Live Scan fingerprint appointment with the SCCOE main office in San Jose (*those over 18*).
  - After submitting your completed packet and TB clearance, contact HR Program Support to schedule your appointment at (408) 453-4362 or email [hrprogramsupport.org](http://hrprogramsupport.org).
  - The following will be required at your Live Scan appointment:
    - i. State driver's license/ID or US passport or see list below for "other" acceptable forms of ID
    - ii. Know your Social Security Number

Acceptable forms of secondary personal ID. If you do not have one of the above mentioned IDs, 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
- 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

## Volunteer Application

Please print clearly and submit your completed application to the by email to [hrprogramsupport.org](http://hrprogramsupport.org) Fax (408) 453-6723, or postal mail to HR Program Support at 1290 Ridder Park Drive, MC 264, San Jose, CA 95131

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

Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_ Home Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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)     3<sup>rd</sup>-5th (8-10 yrs old)     6<sup>th</sup>-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):*

Alternative Schools (middle and high school)     Head Start, State Preschool or Educare     Special Education

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

Monday     Tuesday     Wednesday     Thursday     Friday  
Hours: \_\_\_\_\_ Hours: \_\_\_\_\_ Hours: \_\_\_\_\_ Hours: \_\_\_\_\_ 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"/> Other _____   | <input type="checkbox"/> Tutoring            |

**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   |                                |

**OFFICE USE ONLY - Final approval will be given after everything is complete**

Principal approved: \_\_\_\_\_ TB clearance cleared: \_\_\_\_\_ Prints cleared: \_\_\_\_\_  
Assigned site/teacher: \_\_\_\_\_ File sent to teacher/cc to supervisor: \_\_\_\_\_  
Entered into database: \_\_\_\_\_ Notes: \_\_\_\_\_

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

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

### Emergency Information

<b>EMERGENCY INFORMATION</b>	Date: _____
(PLEASE PRINT)	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 worker's compensation medical panel providers unless prior to the injury, a pre-designated physician is on record with the SCCOE site.	
<i>In case of an emergency, the SCCOE has my permission to seek medical attention for my child under the age of 18.</i>	
Parent/guardian (if under the age of 18) Name and Relationship (Please print): _____	
Parent/Guardian's Signature: _____	Emergency Phone Number: _____
Volunteer's Signature: _____	
<i>A copy of this will be sent to the SCCOE assigned site</i>	

### SCCOE 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 role. I understand the below outlined code of conduct and will uphold and agree to abide by it during my site visit. Both a parent or guardian must sign if under the age of 18.***

**(Please print) Date:**  **Signature:**

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

***Individual 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 possession 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)

## USE OF TECHNOLOGY AGREEMENT

***Every employee, volunteer, contractor, or other individual accessing the SCCOE network and/or Internet access must read and sign below:***

I have read, understand, and agree to abide by the terms of the foregoing Administrative Regulation, AR 4040 – Employee Use of Technology. I accept responsibility for the appropriate use of the SCCOE computer resources, which include all computer systems, network systems, Internet and intranet web sites or other data processing equipment owned or leased by the SCCOE, as well as remote computers, or computer systems when used to access SCCOE computer resources, the phone system including voice mail, cell phones and office equipment, and any future technologies that are sponsored by SCCOE. I understand that any communications made using the SCCOE’s information and communication systems and equipment are NOT exempt from monitoring or access by the SCCOE. Should I commit any violation or in any way misuse my access to the SCCOE’s computer network and the Internet, I understand and agree that my access privilege(s) and network privilege(s) may be suspended or revoked and disciplinary action up to and including termination may be taken against me. I further understand that civil or criminal action may be taken against me, if and where appropriate, for violation of the SCCOE policies and regulations regarding use of SCCOE technology.

User’s Name (print clearly): \_\_\_\_\_

User’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_

*This agreement will be kept in your personnel file*

## Employee Signature Page

I have read, understand, and agree to abide by the SCCOE Employee Compliance Handbook.

***This agreement will be kept in the employee's personnel file.***

Employment Status

Employee

Volunteer

Contractor

Other

Employee ID Number

(This is the six digit number located on your payroll stub)

Last Name(s)

First Name(s)

Middle Name

(Full legal name is required as stated on your payroll stub)

Email

Signature

Date

## LIVESCAN FINGERPRINT BACKGROUND CHECK / PROTECTED HEALTH INFORMATION

### PLEASE READ, SIGN, AND DATE THE FOLLOWING:

I authorize the Santa Clara County Office of Education 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.

**Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a pleas of guilty, nolo contendere (no contest) and a finding of guilty by a judge or a jury. \***

- No**  **Yes.** If yes, list all convictions including, but no limited to convictions for "driving under the influence," convictions for sex and drug, and serious or violent offenses listed in California Education Code Sections 44010 and 44011.
- I 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 and registration 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.

### AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I 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 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.



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

Date: \_\_\_\_\_

Name of Parent/Guardian (if a minor): \_\_\_\_\_

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