

# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

2560 Skyway Drive, Santa Maria, CA. 93455 • (805) 922-4573 ext. 4304

## VOLUNTEER REQUEST

Thank you for your interest in becoming a volunteer. You are an integral part of Santa Maria Joint Union High School District. The District and students appreciate your motivation and encouragement.

Please note that there are two types of volunteers: **Type I** and **Type II**. Requirements for volunteer assignment vary. For possible/additional requirements please refer to the matrix on page 2.

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Year: **2021/2022**

Address: \_\_\_\_\_  
*Street City State and Zip Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Activity: \_\_\_\_\_ Sponsoring Staff: \_\_\_\_\_  
*(Must be District Employee)*

### Please read and sign:

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. I will be considered a volunteer only during the time and as requested by the supervising official for each specific volunteer assignment. I understand that all involvement with students during the volunteer assignment is restricted to the school day, on school grounds or at a school-sponsored activity (on or off-site.) I understand that I may need to provide verification of Tuberculosis (TB) clearance upon employment and every 4 years. I may also be required to be fingerprinted. **Copy of drivers' license must be attached to volunteer request form.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Principal/Athletic Director*

\_\_\_\_\_  
*Signature of Human Resources Office*

### FOR DISTRICT OFFICE USE ONLY:

<input type="checkbox"/> Megan's Law website has been checked
<input type="checkbox"/> California Driver's License OR Identification
<input type="checkbox"/> DOJ Clearance (if applicable): _____
<input type="checkbox"/> TB Skin Test (if applicable): _____
<input type="checkbox"/> School site notified that volunteer requirements met
HR Personnel Signature: _____ Date: _____

"All educational programs and activities under the jurisdiction of the State Board of Education shall be available to all qualified persons without regard to sex, sexual orientation, gender, ethnic group identification, race ancestry, national origin, religion, color, or mental or physical disability pursuant to the California Code of Regulations."

"*Todos los programas y actividades educativas bajo la jurisdicción de la Mesa de Educación del Estado estarán a disposición de todas las personas calificadas, sin distinción de sexo, orientación sexual, género, grupo étnico, ascendencia, origen nacional, religión, color o discapacidad mental o física de acuerdo al Código de Regulaciones de California.*"

## VOLUNTEER MATRIX

**Definition of a Volunteer:** A volunteer is an adult 21 years or older (and not a current student attending any TK-12 schools) who assists at a school site or program on a regular or semi-regular basis before, during or after school hours. There are two types of volunteers.

### Type I: Unsupervised Student Contact Volunteers.

Activities	Fingerprint Clearance	Tuberculosis (TB) Clearance
Assist certificated staff with 1:1 student lesson	Yes	Yes
1:1 Student tutor (inside or outside classroom)	Yes	Yes
1:1 Student Mentor (inside or outside classroom)	Yes	Yes
Co-curricular ( <b>including athletic coaches</b> )	Yes	Yes
Chaperone for overnight field trip	Yes	Yes
Driver of Students	Yes	Yes

### Type II: Non-Student Contact Volunteers and/or Supervised Volunteers

Activities	Fingerprint Clearance	Tuberculosis (TB) Clearance
Supervisors of meal periods	No	No
In classroom with certificated staff present ( <b>less</b> than one school year)	No	No
In classroom with certificated staff present ( <b>more</b> than one school year)	Yes	Yes
Chaperone for day field trip	No	No
In school administration office ( <b>less</b> than one school year)	No	No
In school administration office ( <b>more</b> than one school year)	Yes	Yes
On school grounds for building or grounds repair	No	No
Committee members	No	No

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