



McKinley Elementary School

Irene D. Gonzalez, Principal

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Dear Parent Volunteers;

Thank you for volunteering your time to be a part of our learning community. We welcome and encourage parent volunteers as an important component in the home-school connection. Volunteer opportunities exist in the classrooms, office, library, cafeteria, nurse's office, garden, salad bar, on the playground, etc. Please remember your primary purpose in volunteering is to serve the needs of the teachers and the staff in order to benefit the children.

PURPOSE

Volunteers make a valuable contribution by:

- ❖ Supplementing and enriching the educational program
- ❖ Offering help to individual students
- ❖ Relieving teachers and staff of non-teaching tasks
- ❖ Preparing instructional materials

REQUIREMENTS

- ❖ A good volunteer is dependable, reliable, friendly and flexible.
- ❖ A good volunteer likes children and has the time and desire to help.
- ❖ A good volunteer may have talent to enrich the school program or simply the willingness to be helpful wherever needed.

ETHICS

Information about every child is CONFIDENTIAL. All conversations with teachers and staff, academics, behavior, etc. must remain within the classroom. Give each child the same respect you would want shown to your own child. The teacher and the principal have the right to determine whether a parent should help in the classroom or elsewhere in the school.

PROCEDURES

1. Before starting work with children, you must complete a volunteer Assistance Application, which we will keep on file for the District. See the Community Liaison in the main office for an application. The nurse will verify that your TB test results have been recorded with the nurse's office within the last four years. Please see the school nurse.
2. On your scheduled day, it is important that you report to the main office and sign-in in the volunteer book. Use your nametag or get a volunteer sticker, and wear it. When you are finished please log your time on the sign-in book, and sign-out.
3. If you are unable to help on your scheduled day, please contact the teacher as soon as possible. THEY DEPEND ON YOU.
4. Be faithful and prompt. The children will benefit from your help on a regular basis.

GUIDELINES IN THE CLASSROOM

1. Be sure you understand what the teacher needs you to do. Please feel free to ask for clarification.
2. If you encounter situations that the teacher should be aware of, please discuss them with the teacher or leave them a note.
3. When working with children, remember these important guidelines:
 - ❖ Use a quiet and controlled voice which will encourage them and help them feel confident
 - ❖ Avoid comparing children and their work
 - ❖ State directions in a positive manner
 - ❖ Be sure the child understands what you are saying
 - ❖ Reward good behavior with a smile or a compliment.
 - ❖ In groups, offer each child a chance to participate
 - ❖ Try to be consistent in helping all of the children equally, not just your own child
 - ❖ Let children do as much as possible without your help; children learn by doing
 - ❖ Respect children's differences
4. Remember that you are an example of appropriate behavior such as sharing, not talking when the teacher is talking, showing respect, talking quietly, and taking turns.
5. Don't be afraid of making mistakes. We all do. Life is a learning process.

PLEASE NOTE: District Policy prohibits from bringing children on campus not enrolled at McKinley Elementary School. Volunteers must be over the age of 18 in order to volunteer during school hours.

"McKinley Pride: Peaceful Respectful Intelligent Diverse Enthusiastic"

**SANTA MONICA – MALIBU UNIFIED SCHOOL DISTRICT
VOLUNTEER ASSISTANCE**

Last Name: _____

Expires: _____

APPLICATION/AGREEMENT FOR VOLUNTEER SERVICES

THIS AGREEMENT is hereby entered into by the Santa Monica – Malibu Unified School District, hereinafter referred to as DISTRICT, and:

(Please Print) Volunteer's Last Name, First Name , Date of Birth

Student's Name (If a parent)

Mailing Address City Zip Code

Phone Number

hereinafter referred to as VOLUNTEER.

VOLUNTEER agrees to provide to DISTRICT the services enumerated in Section D of this Agreement under the following terms and conditions:

- A. Services shall begin at _____ on _____
(school) (date)
and shall be completed on or before _____. (No more than four years from start date).
- B. VOLUNTEER understands and agrees that, while performing in a volunteer capacity, he/she is not an employee of the DISTRICT and not entitled to salary or benefits of any kind or nature normally provided employees of the DISTRICT.
- C. VOLUNTEER agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of VOLUNTEER'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by VOLUNTEER, and/or the VOLUNTEER'S younger dependents not yet enrolled in school.
- D. VOLUNTEER agrees to provide proof of negative tuberculosis test prior to service.
- E. VOLUNTEER agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to VOLUNTEER, **including compliance with Education Code 35021 - Requirements for Voluntary Service in Schools.**
- F. I understand that, in connection with my application as a volunteer, the District will obtain information bearing upon my volunteer services, including Megan's Law information and public record information, documenting convictions, civil judicial actions, tax liens or outstanding judgments against me.
- G. Volunteers must honestly answer the two questions below. If the answer is yes to either question, you must attach a written explanation, including the dates, the specific crimes, and the city, county and state in which they occurred.
- a. Have you ever been convicted of any sex offense or any felony?
___ Yes ___ No
- b. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order?
___ Yes ___ No

H. I am applying to be a ___ Level I Volunteer ___ Level II Volunteer (See attached description)

I. I ___ will ___ will not be driving students as a part of my volunteer service.

Describe anticipated volunteer services: _____

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND I AGREE TO ALL TERMS AND CONDITIONS. I AGREE TO INFORM THE SCHOOL PRINCIPAL IN A TIMELY MANNER IF ANY INFORMATION ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Signature

Date

Print Name

Do Not Write Below This Line

This Volunteer shall be: ___ Level I Volunteer ___ Driving Students
___ Level II Volunteer

<p style="text-align: center;">Level I Volunteer To be Completed by the School</p> <p>Application Complete: _____</p> <p>Megan's Law Check:</p> <p>_____(Date) Initials: _____</p> <p>_____(Date) Initials: _____</p> <p>_____(Date) Initials: _____</p> <p>_____(Date) Initials: _____</p> <p>TB Test ____Attached</p>

<p style="text-align: center;">Level II Volunteer To be Completed by the School</p> <p>Application Complete: _____ (Date) Initials: _____</p> <p>TB Test ____ Attached</p> <p style="text-align: center;">To be Completed by the District</p> <p>Fingerprint Check _____(Date) Initials: _____</p>

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<p>Level I or II Volunteer Driving Students</p> <p>DMV Check _____(Date) Initials: _____</p>

Principal Approval: _____
(Signature)

(Date)

Level I Volunteer: After all is completed, principal signs, then file with school records.

Level II Volunteers: After all is completed (including TB), principal signs, then volunteer brings form to Human Resources office for fingerprinting. HR will return approved form to the principal. The principal will notify the Level II volunteer to begin volunteer at that time.

Tuberculosis Clearance and Emergency Contact Information Form for Volunteers

Name: _____ Date: _____

Address: _____

Phone Number: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____

Phone #: _____

Please note: *The California Health and Safety Code, Section 3454, and the Board of Education require volunteers to document tuberculosis clearance within sixty (60) days before starting and every four years thereafter. The initial examination must consist of a mantoux skin test (not a chest x-ray unless the volunteer can document in writing a history of previous positive skin tests. If so, a chest x-ray is required prior to volunteering. The screening requirement will be satisfied by a certificate from a health provider stating that the volunteer is free from active TB.)*

This section must be read and signed by the volunteer prior to the administration of the TB skin test by the school nurse (or the District health office – phone number 310-450-8338 x218).

This is to certify that to the best of my knowledge, I have not/am not:

- 1. Had active tuberculosis in the past, been on INH, PAS or any other antitubercular therapy.**
- 2. Pregnant.**
- 3. Had a positive tuberculosis skin test in the past.**
- 4. Been taking cortisone medication, had a measles immunization or been on chemotherapy in the past month.**

I give the Santa Monica – Malibu Unified School District health services permission to administer a mantoux skin test to me.

I hereby swear and affirm that all answers and statements herein contained are true, and I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to volunteer, either present or future, in the services of the Santa Monica – Malibu Unified School District.

Date: _____ Signature of Applicant: _____

Office Use Only

Mantoux Test: Date Given: _____ Given by: _____
Date Read: _____ Result: _____ Read by: _____

X-Ray Date received: _____ Result: _____

Signature: School Nurse: _____ Date: _____

DESCRIPTION AND EXAMPLES OF LEVEL 1 AND LEVEL 2 VOLUNTEERS

LEVEL 1 Volunteers Working Under the Constant Direct Supervision of a Certificated Employee

These volunteers serve during and after school hours to work in classrooms, on the campus, or in special school programs. Examples would include: lunch assistant, playground supervision, classroom aide or helper, assisting in the library, and assisting at lunch or after school club or school activity.

LEVEL 2 Volunteers Working Under the Supervision of Certificated Employee But Occasionally Unsupervised While Working with Students

Examples would include athletic coaches, performing arts coaches, tutors, chaperones on overnight trips, and volunteers who drive vehicles transporting students other than their own child on field trips or other activities.

Use the following chart as a guide to the application requirements for volunteers.

REQUIREMENTS FOR VOLUNTEERS

	LEVEL 1 Under the Constant Direct Supervision of a Certificated Employee	LEVEL 2 Under the Supervision of Certificated Employee, but Occasionally Unsupervised While Working with Students
Examples of Activities:	<ul style="list-style-type: none"> • lunch supervision • playground supervision • classroom aide or helper assisting in library • lunch or after school club or activity assistance • volunteers who chaperone field trips (non-overnight) 	<ul style="list-style-type: none"> • athletic coaches • performing arts coaches • tutors • chaperones on overnight trips
Volunteer Application	Yes	Yes
TB Test – Every 4 Years	Yes	Yes
Megan’s Law Check – Every Year	Yes	No
Driver’s License and DMV Check	For Field Trip Drivers Only	Only if driving students
Site-level Approval (Site Administrator)	Yes	Yes
District-level Approval (Human Resources)	No	Yes
Fingerprint Clearance	No	Yes