



**CALEB GREENWOOD**  
 An International Baccalaureate World School

5457 Carlson Drive, Sacramento, CA 95819  
 site: (916) 395-4515 fax: (916) 277-6591  
 www.CalebGreenwood.SCUSD.edu  
 Sacramento City Unified School District

Dear Caleb Families,

**2022-23 Volunteer Packet**

Thank you for your interest in volunteering at our school! Your dedication to our SCUSD students is greatly appreciated! We recognize that your time is valuable and we are grateful that you are willing to invest in our community to make Caleb Greenwood a special place of learning for all of our children.

Currently, in the interest of student and staff safety, school sites are encouraged to keep outside provider numbers to a minimum. Essential Volunteer opportunities may vary site by site, under the determination of the school site administrator. The school district clearance requirements can take up to two months to complete. Please read carefully below, plan ahead, and contact the front office with any questions.

Please attach required forms to this sheet and submit them to the front office.

**All forms MUST be renewed and submitted every year.**

Documents required each school year are shredded prior to the start of school in September so will not be reused or referenced.

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

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

Children Attending Caleb:

_____	_____	_____	_____
(First & Last Name)	(Grade & Teacher)	(First & Last Name)	(Grade & Teacher)
_____	_____	_____	_____
(First & Last Name)	(Grade & Teacher)	(First & Last Name)	(Grade & Teacher)

**Campus Volunteer: (required for campus volunteers)**

- 1) SCUSD Volunteer registration form (submit every school year)
- 2) Volunteer Code of Conduct & Health and Safety forms (submit every school year)
- 3) Criminal Background Check, Fingerprinting Form & LiveScan form
- 4) Complete TB Testing or Submit Proof of Clear X-ray (submit initially, then every four years or as TB test expires)
- 5) Provide proof of COVID Vaccine or provide proof of consent to testing before each time volunteering
- 6) Release of Driver Record Information & Volunteer Personal Automobile Use form & insurance if attending field trips and driving for field trips (if you are not driving you do not need to submit the personal automobile or insurance paperwork)

\* TB Testing can be performed by your local health provider or by various medical clinics and expires every four years.

\*\*There is a one-time \$47 fee for fingerprinting at the Serna Center, but once completed it will not need to be repeated. You may call the District Office with any questions: (916) 643-7400. \*\*\*You can go to any Live Scan location for finger printing instead.

**Office Use Only**

\_\_\_\_\_ Received \_\_\_\_\_ Submitted \_\_\_\_\_ Entered \_\_\_\_\_ Cleared \_\_\_\_\_ Parent & Teacher Contacted



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## SCUSD Volunteer Process Step-By-Step

1. Complete the following:
  - a. Caleb Greenwood Volunteer Packet and return it to your school site along with a TB clearance. **TB clearances must be updated every 4 years.**
  - b. **Please note that ALL Volunteers must Live Scan fingerprint.** Use the Request for Live Scan form in this Volunteer Packet at open Live Scan offices.
  - c. Provide proof of COVID Vaccine or provide proof of Weekly Testing at Serna Center or personal Health Care Provider:
    - i. *The California Department of Public Health (CDPH) issued a new [public health order](#) effective August 12, 2021 requiring all school staff and volunteers to either show proof of full vaccination or be COVID-19 tested at least once per week. To collectively reduce the impact and spread of COVID-19 in our schools and community and to comply with the public health order. If you are not vaccinated or decline to state, you will be reminded to test and report weekly by email.*
2. Packets are reviewed by the Office Manager and given to the administrator for approval.
3. Once the Criminal Background check is cleared; the SCUSD HR Department will contact the designated school site with permission to begin Volunteer Service.
4. **Volunteer Service begins.**

### **Volunteer activities include, but are not limited to:**

1. Short term supervision of students
2. One on one tutoring or mentoring outside the classroom or other supervised setting
3. Student observation as part of a formal teacher preparation program
4. Any other volunteer activity, including that done by parents in child care and developmental programs, where there is a possibility of unsupervised contact with children
5. Any other volunteer activity where the funding agency requires such a criminal record clearance

### **Exclusion of Volunteers:**

- Any person who is required to register as a sex offender shall not serve as a volunteer.
- Any person who has been convicted of a serious or violent felony shall not serve as a volunteer.
- Any person arrested for a serious or violent crime shall not serve as a volunteer.
- For any other conviction, the Superintendent or designee has the discretion to deny volunteer service depending on the nature of the conviction.

### **Volunteer Identification:**

- Volunteers are required to sign in at the front office.

### **Tuberculosis Testing:**

- No volunteer will be allowed to provide supervision or instruction to students without proof of a TB examination within the past 60 days indicating that she/he is free of active tuberculosis.
- Per Education Code, a volunteer who has volunteered or has been employed in another school district will be approved to volunteer if they can provide written verification from the former district that they were examined within the past four years and found to be free of communicable tuberculosis.
- A volunteer who has a negative skin test is required to re- take a tuberculosis test every four years.
- A prospective volunteer who has a positive skin test must provide proof of a clear chest x-ray indicating she/he is free of active tuberculosis prior to being allowed to provide supervision or instruction of students. An annual questionnaire is required to be completed by the volunteer and reviewed by the District's Health Services Department.

### **Workers' Compensation:**

Unsalaries volunteers may be considered employees of the district for worker's compensation insurance purposes. If injured while serving as a volunteer in the district they must call the workers' compensation reporting line at: (916) 643-9299 or (916) 643-9421. For additional information about SCUSD Volunteer Policy, please refer to the summary of Administrative Regulation (AR 1240) and School Board Policy (BP 1240) that are relevant to SCUSD volunteers.





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## SCUSD Volunteer Code of Conduct

### As a Volunteer, Your Role and Responsibilities in the School Are Unique

- **Understand** that your role is a supportive one. The teacher and principal are completely in charge. If the teacher leaves the room, the teacher in the next room assumes responsibility. You must not be left in charge of a classroom.
- **Remember** volunteers are only permitted to work with students on school grounds and under the supervision of certificated staff. Have no outside contact with an individual student unless authorized by administration or parents.
- **Maintain** student confidentiality at all times. Do not discuss any student with anyone except teachers, counselors, and volunteer coordinators.
- **Don't** make promises you can't keep. Avoid saying things like "study hard and you'll definitely pass the test."
- **Use** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one student out of view of other people. Always keep the door open. Always use adult bathrooms.
- **Strictly** follow volunteer guidelines and discipline practices. Physical discipline is absolutely prohibited. Ask the teacher and volunteer coordinating staff for assistance with problematic student behavior.
- **Report** immediately to a staff person any physical abuse or sexual exploitive behavior towards a student.
- **Don't** engage students on any social media site, email, texts or take or show your picture or student's pictures/videos on your phone or other media devices

### Volunteers Take Pride in Being Professional

- **Maintain** a constructive attitude. Don't make negative comments about the school, its personnel or the students to other volunteers or individuals outside the school.
- **Be Prompt** and consistent in your attendance. Teachers depend on volunteers and plan their work accordingly. Students depend on volunteers even more, especially on field trips. Notify your school as soon as possible if you are late or absent.
- **Keep** an accurate record of your attendance by signing in each day you volunteer.
- **Dress** and act professionally.
- **Establish** and maintain good and frequent communication with your classroom teacher or volunteer coordinator.
- **Never** be under the influence of drugs or alcohol when with students on or off school grounds.
- **Do not** smoke on school grounds or at any time around students.
- **Do not** lend money, contribute or solicit money for organizations while on school grounds.
- **Do not** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.
- **Do not** use a cellphone in the classroom or at any time around students.

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Name

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Signature

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Date



## Health and Safety Are Always Important

- **Adhere** to District, school, and classroom policies rules and regulations.
- **Refer** any student in need of first aid or any type of medication to the teacher or front office.
- **Learn** and follow fire drill emergency procedures and all school rules.
- **Notify** the principal of any accident you had on school grounds. A written form must be submitted to the principal within 24 hours.

**I agree to adhere to the above code of conduct at all times when I am a volunteer at a SCUSD school site or program. I understand that my volunteer status can be revoked at any time.**

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**Name**

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**Signature**

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**Date**



## Fingerprinting

Fingerprinting must be done at the SCUSD Serna Center or at another site using the SCUSD Fingerprint Form which includes: CODE ASSIGNED BY DOJ – “A0283”; and MAIL CODE ASSIGNED BY DOJ – “A3353”. You must have a completed Volunteer Fingerprinting and Criminal Background Check Authorization (BC1) form, signed by the school site administrator (Principal), with you.

The cost for volunteer fingerprinting at SCUSD is \$47.00. This can be paid by personal check, money order or cash (exact change only), debit or credit card. **Fingerprints are “good” for the duration of “uninterrupted” volunteering in the District. If you have fingerprints on file with SCUSD you do not need to complete this process again.**

Serna Center Fingerprint Live Scan Services – 916-643-9050, 916-643-7449. Hours of operation are Monday – Friday 8:00 a.m. – 4:30 p.m. Processing takes 3-4 weeks. If you have any questions, please feel free to email the Fingerprint Office at [doj@scusd.edu](mailto:doj@scusd.edu). For faster service you can use Capital Live Scan at 877-888-8802..

You will pay two (2) fees:

- Roll Fee: This is the fee charged by the Live Scan Facility providing the service.
- Other Fees: The other fees are for the Department of Justice, Federal Bureau of Investigation (FBI), Child Abuse Index, and Firearms background checks. These fees are set by each of these agencies. The Live Scan provider does not control these fees.







\* Only needed if doing Live Scan at Serna Center



### CRIMINAL BACKGROUND CHECK

FOR SITE/PROGRAM: CALEB GREENWOOD ELEMENTARY (916) 395-4515

*Amantha A. Felt*

9/16/22

SITE ADMINISTRATOR SIGNATURE

DATE

**\* Site Administrator's signature is mandatory to apply as a SCUSD Volunteer PRIOR to bringing packet to Serna Center. If you are going to a different LiveScan location you do not need this form.**

PRINT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUDGET CODE \_\_\_\_\_ --0--5800\_\_\_\_\_

**IMPORTANT:** This form is for **ALL VOLUNTEERS** or those working in programs where such screening is required. The prospective volunteer is instructed to bring this form, along with a valid California Driver's License or California Identification Card, plus their Social Security number to the Customer Service Specialist in the Serna Center in order to initiate the fingerprint and background check process. There is a fee of \$47 for this process. If the site is paying the cost, please add the budget code above. If the volunteer is paying for the cost, we accept cash (only exact change), check or money orders, debit or credit card.

**Prior to beginning any assignment, SCUSD Board policy requires that all volunteers be cleared to work by the Department of Justice.**

I understand this requirement and **will not volunteer** with the District until clearance is received from the SCUSD Human Resources Office.

I have received a copy of the SCUSD rules and regulations for volunteers [BP1240 and AR 1240].

I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents and volunteers from any and all liability arising out of or in connection with this background check and all liabilities associated with and all claims related to this background check. For the purpose of this release, "liability" means all claims, demands, losses, causes of action, suits or judgements of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CRIMINAL BACKGROUND CHECK



PLEASE PRINT

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Other Names You Have Been known by: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work/Other

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

A conviction may not necessarily disqualify you from the volunteer job for which you have applied. Convictions include diversionary offenses, or other offenses that have been plea-- bargained, or for which you have pleaded no contest. Failure to reveal convictions is grounds for immediate termination. For security reasons, a screening will be done according to the level of volunteerism (See Volunteer Rules and Regulations).

References may be requested. Volunteer service may be terminated if service is unsatisfactory or no longer needed by the District. District policy is available on the website: [www.scusd.edu](http://www.scusd.edu)

Have you ever been convicted of a felony or misdemeanor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:



**RISK & DISABILITY MANAGEMENT**  
5735 47<sup>th</sup> Avenue - Sacramento, CA 95824  
Risk Management Main: (916) 643-9421  
Disability Management Main: (916) 643-7895  
Fax: (916) 399-2071  
*Keyshun Marshall, Coordinator II*

**This form is required and must be completed and returned to Risk Management. The information below will be submitted to the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.**

**RELEASE OF DRIVER RECORD INFORMATION**

I \_\_\_\_\_ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

**Organization:** Sacramento City Unified School District

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

**Printed Name (as it appears on driver license):** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **State** \_\_\_\_\_ **Circle Gender: M or F**

**Birth Date (Month/Day/Year):** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Department/Site:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Volunteer:**  **Substitute/Per Diem:**



# VOLUNTEER PERSONAL AUTOMOBILE USE FORM

**[One Form Required for Each Driver to be Approved]**

Thank you for volunteering your time and your automobile to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least 6 weeks before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

## REQUIRED INFORMATION

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Insurance Policy # and Expiration Date:	
Liability Coverage Limits:	(Minimum Required: \$50,000/100,000 liability and \$25,000 property damage)

**We also require a photocopy of (a) your driver's license, and (b) your Insurance Policy Declarations Page.** Should your driver's license or insurance policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your driver record history and status of your driver's license, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please be advised** that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any accident resulting in bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

## VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, by signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport students in a vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport students unless I have a working seatbelt for each student. Seatbelts are to be used at all times by myself and all transported students. The vehicle(s) may be inspected by a District representatives.
3. I am over the age of 21 and will be the sole driver of the vehicle for any given activity, event or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

\_\_\_\_\_  
**Printed Name**

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

\_\_\_\_\_  
**Date**

**Date Received by District:**

**Received by:**