Woodside Elementary School District

# Volunteer Agreement and Authorization Form

***This form must be completed annually* - PLEASE PRINT NEATLY!**

In compliance with California Education Code §35021, Senate Bill 848, and WESD Board Policy/Administrative Regulation 1240, all school volunteers and chaperones must be screened and authorized before working with students to help ensure student safety and well-being.

As part of the volunteer authorization process, volunteers are required to complete all District onboarding requirements before beginning service. These requirements include a one-time DOJ/FBI Live Scan fingerprint background check, TB clearance (renewed every four years), annual Mandated Reporter Training, annual completion of the Volunteer Agreement and Authorization Form. Volunteer authorization is not complete until *all* required forms, clearances, training, and approvals have been received by the school site.

**Please return this form and your Mandated Reporter Training certificate of completion to your school office. A current TB Risk Assessment Questionnaire or documentation of TB clearance must also be provided if your previous TB clearance has expired or a new clearance is required.**

Volunteer Name: _____
*Legal First* *Middle I.* *Last*

Home Address: _____ City/Zip: _____

Email Address: _____ Daytime Phone #:_____

Emergency contact name and phone #:_____

List your Student(s) (Legal Name) Grade

_____ _____

_____ _____

_____ _____

Relationship to Student(s): _____

## Volunteer Certification and Acknowledgment of Training and District Requirements

I certify that I have completed the online Mandated Reporter Training and provided the certificate of completion to the school office staff.

## Volunteer Status and Eligibility Certification

- I understand that I am serving as a volunteer and will not receive a salary or other compensation for my volunteer service, except for Workers' Compensation Insurance coverage as permitted by law.
- I certify that I am not a registered sex offender and have not been convicted of a violent or serious felony that would prohibit me from volunteering under California Education Code section 45122.1.
- I understand the responsibilities associated with volunteer service and agree to always maintain confidentiality regarding student and staff information.

Volunteer Signature: _____ Date: _____

**SCHOOL OFFICE USE ONLY**

☐ LiveScan background check – **YES** *(circle when notification is received from the District Office)*

☐ TB Clearance – Current TB clearance verified on file or documentation provided. Date of clearance: ____ / ____ /_____

☐ Mandated Reporter Training – Certificate of Completion provided by volunteer

Principal signature: _____ Date: ____ / ____ / _____

☐ **VOLUNTEER AUTHORIZED** School year: _____ Staff initials: _____