

Child Development Preschool Volunteer Requirements

Dear Preschool Program Volunteer,

Our preschool program requires several items be completed before you volunteer in the classroom, chaperone on a field trip or spend any time in the classroom. The requirements are based on district policy and the state licensing department which regulates our preschool programs.

Attached you will find a Parent TB Test Verification form, the CUSD Volunteer Application Exhibit #9212-1 and the new law, SB792 Immunization Verification form.

Please present the above documents **along with** a copy of your photo ID the completed TB form, **AND** all immunization proof to the classroom teacher for processing and screening at the Child Development Office. After the forms have been processed the teacher will let you know when you can participate as a volunteer or chaperone within the classroom.

Please note that the TB skin test must be performed within 12 months prior to your first day as a volunteer. The parent TB skin test may be accepted a second year, only if year is consecutive.

CUSD does not offer any immunizations.

Submit all forms at the same time or they will not be accepted, this includes proof of all immunizations.

Thank you for cooperating by making our classrooms healthy and safe for all children and adults.

The Child Development Department
Preschool Program



**VOLUNTEER APPLICATION FORM
FORM 9212**

All school volunteers must complete this application form in order to volunteer in the Clovis Unified School District ("District"). For the safety of the volunteer, and that of the District's students, a background check will be completed on all applicants. Volunteers should attach a copy of their California Driver's License or California legal photo ID to be kept on file. Volunteers shall also comply with Board Policy Nos. 3204 – Field Trips, and 8302 – Transportation of Students by Private Vehicle, if applicable.

BACKGROUND INFORMATION OF VOLUNTEER:

Name as is appears on ID: _____
First Name Middle Initial Last Name Other

Street Address Apartment # City/State Zip

Home Phone Work Phone Alternate Phone

California Driver's License #: _____ Male Female Date of Birth _____

VOLUNTEER SCHOOL SITE LOCATION:

I am interested in the following volunteer placements at _____ School: Classroom Assistant

Coach Field Trip Chaperone Overnight Field Trip Chaperone Tutor Intern Other

Do you have a child/children attending this school? No Yes Name(s) _____

Are you currently a student in the District? No Yes Where? _____

Are you currently an employee of the District? No Yes Where? _____

Have you ever been convicted of, or plead guilty to, a criminal felony or misdemeanor? No Yes

If yes, please give date(s) and explain: _____

VOLUNTEER AUTHORIZATION:

I agree to abide by all state and federal laws, and all policies and regulations of the Governing Board of the District, including the rules and regulations of the volunteer program. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or at a school-sponsored activity.

I agree to volunteer my services, without compensation or reimbursement, for the District. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code Section 58751.

I agree to indemnify and hold harmless the District, its officers, employees and agents, from all claims, liability, or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the District and activities associated with the volunteer program.

This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

Volunteer Signature Date

(For Office Use Only)

Fingerprint Clearance Received: No Yes Megan's Law Clearance Received: No Yes

Volunteer Placement Made: No Yes **NOTE: Principal must check for Megan's Law clearance if volunteer is not fingerprinted (<http://www.meganslaw.ca.gov>)**

Volunteer information (name, date of birth, signature and photo ID) and fingerprint clearance/Megan's Law clearance verified by:

Employee Signature Date Department/Site

*Original to be retained at site
Copy to applicant*

*Adopted: 8/24/05 Reviewed: 10/1/08
Amended: 9/8/05 Amended: 5/18/10
Amended: 1/30/06 Amended: 8/23/13
Reviewed: 3/6/07*

Clovis Unified School District-Child Development Department

1735 David E. Cook Way, Suite C

Clovis, CA 93611

Phone: 327-9160 FAX: (559) 327-9189

Preschool PARENT/VOLUNTEER TB Test Verification Form

Parent's Name: _____ Preschool Site: _____ am/amll/pm

Child's(ren)Name: _____

Parent's day time phone: _____

Have you ever had a positive TB skin test in the past? _____ If yes, date of positive TB test _____

TB Skin Test

Signature

Date Given: _____

_____ RN

Date Read: _____

_____ Dr. or Healthcare Professional

Results: _____

**Return in 48 hours to your doctor or authorized healthcare professional
to have your TB skin test read.**

White – Child Development Office

Yellow – Teacher/Director

Pink – Parent Copy 04/2017



CLOVIS UNIFIED SCHOOL DISTRICT PRESCHOOL IMMUNIZATION REQUIREMENTS

Employee Name:	Program Name:	Job Title:
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Volunteer Name:	Child's Name:	Child's Preschool:
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HEALTH & SAFETY CODE 1596.7995

Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against *measles*, *pertussis*, and *influenza*, subject to exemptions listed below.

EXEMPTIONS

A person is exempt from the immunization requirements if:

- Exemption 1: The person submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, specific immunizations are not safe;
- Exemption 2: The person submits a written statement from a licensed physician providing that the person has evidence of current immunity to specific specified disease(s) listed above, or
- Exemption 3: The person submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine.

CHECK BOX INDICATING VERIFICATION OF EACH REQUIREMENT & ATTACH APPLICABLE DOCUMENT

MEASLES (Rubeola)	PERTUSSIS	INFLUENZA
<input type="checkbox"/> Immunization Record <input type="checkbox"/> Written Statement for Exemption 1 <input type="checkbox"/> Written Statement for Exemption 2	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Written Statement for Exemption 1 <input type="checkbox"/> Written Statement for Exemption 2	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Written Statement for Exemption 1 <input type="checkbox"/> Written Statement for Exemption 2 <input type="checkbox"/> Written Declaration for Exemption 3

Employee/Volunteer Signature

Date



INFLUENZA WRITTEN DECLARATION OF EXEMPTION

Effective September 1, 2016, a person may not be employed or volunteer at a child care center unless he or she has been immunized against influenza or qualifies for an exemption by submitting a signed declaration that he or she has declined the vaccine (Health and Safety Code Section 1596.7995 (b)(3)).

Name: _____ Program: _____

My signature below signifies my decision to decline the influenza vaccination.

Employee/Volunteer Signature

Date