

# Konocti Unified School District

## Volunteer Services



Steps to becoming a volunteer for Konocti Unified School District:

1. Pick up a volunteer packet from your school secretary or the District Office.
2. A current TB test is required. TB testing can be done at the Health Department, by appointment: 800.794.9291
3. Return the completed packet, including your TB results to your school secretary. Once the principal has signed the packet, they will submit it to the District Office for processing.
4. Upon receipt of the packet, the District Office will supply you with a Request for Live Scan Service. A volunteer working more than once a week must undergo a fingerprint check through the California Department of Justice pursuant to Education Code 45125.  
Make an appointment to be fingerprinted at the Lake County Office of Education at **707.262.4127** (See Live Scan Applicant Process for more detail)
5. Principal or designee will call volunteer applicant regarding specifics for beginning.

Thank you for showing interest in our youth!

Revised: 5/9/17

VOLUNTEER ASSISTANCE

**VOLUNTEER CHECKLIST**

The following must be completed for each volunteer working in the schools:

- \_\_\_\_\_ 1. Volunteer Checklist
- \_\_\_\_\_ 2. Volunteer information form
- \_\_\_\_\_ 3. Criminal record statement and consent to criminal record check
- \_\_\_\_\_ 4. TB clearance
- \_\_\_\_\_ 5. Written list of job duties and description of how volunteer will be supervised. It will state that the volunteer will not be supervising children, dressing or changing children, or providing personal hygiene.
- \_\_\_\_\_ 6. Confidentiality form
- \_\_\_\_\_ 7. Documentation of hours actually worked
- \_\_\_\_\_ 8. Volunteers working more than 1 day a week in the district shall have an automated criminal records check by the Lake County Sheriff's Department pursuant to Education Code 45125.5 or a fingerprint check through the California Department of Justice pursuant to Education Code 45125.

Completed on: \_\_\_\_\_

Completed By: \_\_\_\_\_

Signature



**VOLUNTEER ASSISTANCE**

**Volunteer Information Form**

The school relies upon volunteers to provide comprehensive services to children. While most of the volunteers are parents/guardians of enrolled children, community volunteers are also encouraged and do support these volunteering efforts. Safety and liability considerations require that we obtain certain information. Volunteers who do not have a fingerprint clearance cannot be left unsupervised with children under any circumstances.

Name: \_\_\_\_\_  
School: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Social Security# \_\_\_\_\_  
Areas of interest or expertise: \_\_\_\_\_  
\_\_\_\_\_

Times available: \_\_\_\_\_

References:

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

I, \_\_\_\_\_, hereby declare that I am free from communicable disease.

Dated: \_\_\_\_\_  
\_\_\_\_\_ Signature

TB clearance on file at school:

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Cleared to work at school:           D YES  
  D NO

\_\_\_\_\_  
Principal

**VOLUNTEER ASSISTANCE**

**CRIMINAL RECORDS STATEMENT AND  
CONSENT TO CRIMINAL RECORD CHECK**

Although the vast majority of volunteers are law abiding citizens, our concern for the safety of the children requires us to obtain criminal record information.

Have you ever been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$100 or less.)

D YES

D NO

If yes, list the crimes that you have been convicted of by date, Penal Code number, and indicate the nature and circumstances of the crimes, and the place where the crime was committed. Attach additional sheets if needed.

Date: \_\_\_\_\_ Penal Code Section: \_\_\_\_\_

Nature, circumstances and place committed: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Penal Code Section: \_\_\_\_\_

Nature, circumstances and place committed: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Penal Code Section: \_\_\_\_\_

Nature, circumstances and place committed: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Penal Code Section: \_\_\_\_\_

I declare under penalty of perjury that the above information is correct, true, and complete, and I consent to a criminal record check by the school district, the California Department of Justice, the Lake Count Sheriff's Department and local law enforcement agencies.

Executed at \_\_\_\_\_, California, on \_\_\_\_\_

\_\_\_\_\_  
Signature

**VOLUNTEER ASSISTANCE**

**CONFIDENTIALITY STATEMENT**

I understand that information and records concerning students and employees are confidential.

I agree not to disclose any confidential information to the community, or members of the public.

Confidential information may only be shared with other employees upon a need-to-know basis.

Information from confidential records will only be released to persons outside the school district by a teacher, administrator, or secretary authorized to do so.

I have read the above statement and agree to abide by it.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature