

# Parent Participation Preschool Program Enrollment Packet



## **ADULTS THAT WILL PARTICIPATE IN THE CLASSROOM WITH CHILDREN (VOLUNTEERS) ARE REQUIRED TO FOLLOW THE OUTLINED STEPS BELOW:**

Sacramento City Unified School District's Volunteer Process Step-By-Step

1. ALL Volunteers **MUST** complete the [SCUSD Volunteer Application](#) (Available on the SCUSD website) \*SCUSD Volunteer Application attached
2. **The Volunteer Application requires signature approval from the school administrator.** Return your Volunteer Application either to your teacher, or to Garrison Weeks at 5735 47th Avenue, Sacramento, CA 95824 between the hours of 8:00 a.m. to 3:00 p.m.

### **ONCE YOU HAVE SUBMITTED YOU COMPLETED VOLUNTEER APPLICATION, YOU WILL BE GIVEN THE FINGERPRINTING FORM TO COMPLETE THE NEXT STEP.**

3. ALL Volunteers **MUST** Live Scan fingerprint. **Volunteers are responsible for the fingerprinting costs. (Estimated cost is between \$47.00- \$87.00 depending where you are fingerprinted).** The lowest cost will be through the Sacramento City Unified School District (call 916-643-7401 to schedule your appointment - TAKES LONGER FOR APPOINTMENT AND RESULTS), the Department of Justice at 5706 Broadway (NO APPOINTMENT NEEDED), UPS, or any other location that offers fingerprinting.
4. ALL Volunteers **MUST** provide a TB skin test (or chest x-ray) clearance. If you have had a TB skin test done in the past 4 years it is valid, as long as you provide proof.
5. ALL Volunteers **MUST** provide proof (certificate) of the completion of the Mandated Reporter Training:  
<https://mandatedreporterca.com/training/school-personnel>  
<https://vimeo.com/337917953>

### **ONCE THE CRIMINAL BACKGROUND CHECK IS COMPLETE, THE SCUSD HUMAN RESOURCES DEPARTMENT WILL CONTACT THE DESIGNATED SCHOOL SITE WITH PERMISSION TO BEGIN VOLUNTEER SERVICES AT THE LOCATION OF ENROLLMENT.**

If you have any further questions, please feel free to contact (via email preferred) Leila-Laurora@scusd.edu  
916-643-7814

**Sacramento City Unified School District**  
**Parent Participation Preschool Program**  
**Early Learning & Care**  
**Family Registration**  
**Serna Center 5735 47th Ave., CA 95824**

<b>For Office Use Only</b> <b>School:#:</b> _____ <b>Teacher:</b> _____ <b>Day's #:</b> _____
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Today's Date: \_\_\_\_\_

Adult's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Adults D.O.B.: / /  
 Child Name: \_\_\_\_\_ Child's D.O.B.: / /  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Gender: Male Female  
 Telephone: ( ) \_\_\_\_\_ Alternate Telephone: ( ) \_\_\_\_\_

**Race:**

White  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Filipino  
 American Indian  
 Alaska Native

**Native Language:**  
 \_\_\_\_\_

**Are you Hispanic or Latino?**  Yes  No

**# of years of school:**

**Highest Education:**

None  
 GED  
 H.S. Diploma  
 Tech. Certificate  
 AA/AS Degree  
 4 yr. College Grad  
 Graduate Studies  
 **Some College - No Degree**  
 Other \_\_\_\_\_

Diploma/Degree earned in the U.S.?  Yes  No

**Employment Status:**  
 (Mark only one)

Employed  
 Unemployed  
 Not employed/not seeking  
 Retired  
 FIT Student

**Parent Types (Check all that apply)**

<input type="radio"/> Regular Adult	<input type="radio"/> Veteran
<input type="radio"/> CalWorks/TANF	<input type="radio"/> Cognitive Impaired
<input type="radio"/> Comm. Corrections	<input type="radio"/> Disabled
<input type="radio"/> Dislocated Worker	<input type="radio"/> Health Impaired
<input type="radio"/> Displ. Homemaker	<input type="radio"/> Hearing Impaired
<input type="radio"/> Food Stamps	<input type="radio"/> Learning Disorder
<input type="radio"/> General Assistance	<input type="radio"/> Orthopedic Impaired
<input type="radio"/> Halfway House	<input type="radio"/> Special Needs
<input type="radio"/> Homeless	<input type="radio"/> Speech Impaired
<input type="radio"/> Refugee	<input type="radio"/> Visually Impaired
<input type="radio"/> Rehabilitation	<input type="radio"/> Other _____
<input type="radio"/> SSI	
<input type="radio"/> Single Parent	<b>Specify Other</b>

By my signature below, I verify that all information is true and correct to the best of my knowledge.  
**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Print Form

Reset Form

### REQUEST FOR LIVE SCAN SERVICE

**Applicant Submission**

A0281	LICENSE/CERTIFICATION/PERMIT
ORI (Code assigned by DOJ)	Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

**Contributing Agency Information:**

Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
Street Address or P.O. Box Sacramento CA	Contact Name (mandatory for all school submissions)
City State ZIP Code	Contact Telephone Number

**Applicant Information:**

\*Required Fields

*Last Name	*First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)			
*Last Name	*First Name		Suffix
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	*Driver's License		
*Date of Birth	Number Billing		
*Height *Weight *Eye Color *Hair Color	Number (Agency Billing Number)		
*Place of Birth (State or Country) *Social Security Number	Misc. Number (Other Identification Number)		
*Home Address Street Address or P.O. Box	City State ZIP Code		

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ *Applicant Signature	_____ *Date
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Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
\*OCA Number (Agency Identifying Number)

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

**Employer (Additional response for agencies specified by statute):**

Employer Name	Telephone Number (optional)
Street Address or P.O. Box	
City State ZIP Code	Mail Code (five digit code assigned by DOJ)

**Live Scan Transaction Completed By:**

Name of Operator	Date
Transmitting Agency LSID	ATI Number Amount Collected/Billed

## **PARENT PARTICIPATION PRESCHOOL PROGRAM INTEREST AND AGREEMENT FORM**

This form is for interested participants and constitutes an agreement to participate in the Parent Education Preschool Program (PPPP) for the 2024-2025 school year and subject to the PPPP obtaining the required number of participants.

By completing the form below and providing your signature, you understand that this form constitutes an agreement to participate in the PPPP, including - but not limited to - paying associated parent fees on time outlined in the fee schedule directly below, completing the Sacramento City Unified School District's volunteer guidelines and requirements, and adhering to the PPPP policies outlined in the Parent Education Preschool Program Contract.

The program follows the exact school term to be set by the district. Participants are responsible for the entire cost of their program enrollment. Participants may pay program fees on a monthly basis. Program yearly costs for families who move between the Toddler, 1-day, 4-day, and 5-day programs will be adjusted, accordingly. All fees in the contract are binding. There will be no refund for early withdrawal.

### **FEE SCHEDULE**

Student fees for the **2024-2025** school year are as follows (partial months are not prorated):

- **\$75.00 non-refundable matriculation fee per child/toddler\*\***  
(due as soon as possible to secure space).
  
- **Child fee schedule**
  - 4 days in class per week = \$197.00 per month (Yearly fee = \$1,970.00)
  - 5 days in class per week = \$241.00 per month (Yearly fee = \$2,410.00)
  
- **Toddler fee schedule\*\***
  - 1 day per week on Fridays = \$86.00 per month (Yearly fee = \$860.00) (schedule set by individual teacher/site)

\*\*Toddlers must be two years old and parents must attend ALL classes with their toddlers Yearly fees are applied from August through June.

## Parent Participation Preschool Program Interest and Agreement Form

### REFUND POLICY

Participants who leave the program with delinquent fees will be notified about their outstanding balance by email/mail. A deadline to respond will be given and participants will be advised that failure to respond will result in the account being turned over to a collection agency.

Monthly fees are due on the 5th of the month. If all current fees are not paid by 10th of the month, you MAY be dis-enrolled from the Parent Participation Preschool Program or sent to collections or both.

Monthly fees are based on the contract. There are no adjustments for illness, family vacations or other absences. This includes school - related activities such as after school clubs, tutoring, field trips, overnight field trips etc.

You must fill out and turn in a drop/termination form in order to stop being charged monthly fees.

Note: The program operational costs are incurred yearly. Participants paying fees monthly are responsible for the entire program cost, less any refunds owed. Students requesting a refund must do so in writing on an official SCUSD Request for Refund form, AFTER submitting an official program drop form. Refunds checks are mailed from the SCUSD district, and can take up to 6 weeks for processing. **Unpaid program balances will be charged against the Participant's account and can be sent to collections for non-payment.**

Adult's First, Last Name	
Adult's Signature	
Date of Adult's Signature	
Child's First, Last Name	
Child's Date of Birth	
Adult's Address	
Adult's Telephone Number	
Adult's Email Address	
School Choice: (Check Applicable Option)	Edward Kemble -- Tahoe -- Thomas Jefferson
Day(s) Intended to Participate Per Week (Check Applicable Option)	1 day 4 day 5 day



Dear Volunteer,

We are pleased that you have decided to participate in the Sacramento City Unified School District (SCUSD) Volunteer Program! As parents, grandparents, neighbors and community members you have valuable ideas, talents and time to share with our students and our schools. As a volunteer, your deeper engagement directly supports the District's guiding principle:

"Ensuring every student has an equal opportunity to graduate with the greatest number of postsecondary choices from the widest array of options."

It is our belief that our volunteer programs are beneficial to everyone involved. Volunteers help foster stronger school/community relationships by creating a common ownership in the success of our schools, as well as, demonstrating the importance of community service to our students. All SCUSD Volunteer Program requirements are designed with student and adult safety in mind.

The SCUSD Volunteer Program provides support and guidance to schools to help them facilitate their parent and community engagement programs. Volunteers can work in a variety of capacities: doing work from home; acting as tutors/mentors; providing assistance in the classroom; participating on business/community partnership advisory boards; assisting in a school's main office or library/media centers and organizing fundraising efforts for school foundations, scholarships, field trips and extracurricular activities.

**This packet includes:**

- Volunteer Protocols and Approvals
- Definition of the role of a parent/guardian visitor
- Definition of the role of a volunteer
- Volunteer Registration Process
- Volunteer Registration Form (maintained at site with a copy to Volunteer Office)
- Code of Conduct (maintained at site with a copy to Volunteer Office)
- Volunteer Fingerprinting and Authorized Approval
- Volunteer Interest Form (maintained at site)

**If you have any questions, please direct them to the SCUSD Family and Community Empowerment (FACE) Department at (916) 643-7924.**

## Definition of a Parent/Guardian Visitor

### Parent/Guardian Visitors\*

Sacramento City Unified School District wants to encourage parents/guardians to be active participants in their child's education. While some parents/ guardians may not be able to volunteer on a regular basis, there are still opportunities to be involved at the school site.

**\*Parent Visitors do not have the same definition as a volunteer.**

A Parent/Guardian Visitor is a parent /guardian who visits the school on an intermittent basis, **no more than 10 days out of the 180-day school year**, to participate in activities in view of school staff, and are never alone with students.

### Parent/Guardian Visitors may:

- Attend a classroom/school event, school fair, recognition ceremony or school celebration.
- Visit the classroom or lunchroom on a limited basis. Act as a presenter for a classroom/school event such as Career Day.
- Participate in school beautification projects such as a School Garden Day.

### Parent/Guardian Visitors on field trips:

- Limited to day field trips only, **no overnights**.
- Parent/Guardian visitors are allowed to take only their own child on a field trip **with prior approval from the administrator**.
- Parent/Guardian visitors must also make arrangements with their child's teacher to be on the field trip list prior to the event.
- Parent/Guardian visitor must wear a **visitor identification badge** at all times.
- Parent/Guardian visitor must remain with their own child throughout the field trip.
- Parent/Guardian visitor **must never be alone with other children**.
- Teachers must **not allow visitors to supervise children other than their own**.

### Visitor Identification

**All visitors must sign-in at the front office and wear an identification badge at all times.**

**For more information on school/classroom visitation, please refer to the SCUSD Annual Parent and Student Rights Notification and Standards of Behavior.**

## SCUSD Visitor Code of Conduct

As a Visitor, we require that you follow our SCUSD Visitor Code of Conduct:

Please make an appointment with your school site, if you plan to visit the classroom.

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. You may not be alone with students.**

Remember, visitors in a classroom for observation of their student may not interrupt teaching. If you have questions for the teacher, please ask them outside of class time.

Maintain student confidentiality at all times. Do not discuss any student other than your own.

Use good judgment and avoid any compromising situations. Never be left alone with students out of view of other people. Always use adult bathrooms.

Please do not take pictures or videos of students, other than your own, without permission.

Please maintain a constructive attitude. Do not make negative comments about the school, its personnel or the students in front of students.

Sign in each time you visit.

Please dress and act as a role model.

Remember, SCUSD has a zero tolerance policy. 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 use cellphones in the classroom or at any time around students.



## Definition of a SCUSD Volunteer

### Volunteer Definition

A volunteer is a parent/guardian, community member or other adult who assists at a school site or program on a regular or semi-regular basis in a **non-essential role**. Also, parents/guardians who observe or visit their child at school on a scheduled basis and stay more than 15 minutes each time are considered volunteers.

Authorized parents/guardians are not prohibited from visiting their child's classroom or school campus, if that visit is in compliance with Board Policy, school rules and applicable law. A parent/guardian picking up their child from school or occasionally observing or visiting their child's school is not considered a volunteer.

### Volunteer non-essential activities include, but are not limited to:

1. Coaching (non-paid)
2. Short term supervision of students
3. One on one tutoring or mentoring outside the classroom or other supervised setting
4. Attending or chaperoning school sponsored trips
5. Transporting students in private vehicle
6. Student observation as part of a formal teacher preparation program
7. 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
8. Any volunteer activity where the funding agency requires criminal record clearance

### Volunteers who chaperone field trips:

Refer to the site administrator for direction and clearance.

### Volunteer Drivers (Optional):

If you wish to volunteer to drive students other than you own to a field trip or event, please fill out the Driver's Form included in this packet.

### 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 and wear Identification badges.

### **Tuberculosis Testing:**

- Volunteers must provide documentation, dated within the past 60 days, showing they are free of infectious tuberculosis (TB). They may provide **one** of the following:
  - a Certificate of TB Risk Assessment and/or TB Examination
  - a negative TB Test
  - a statement from a medical provider that states that the volunteer is free of infectious 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 infectious tuberculosis.
- Volunteers must provide documentation showing them to be free of infectious tuberculosis every four years.

### **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.

## SCUSD Volunteer Registration Process

In order to start volunteering, you need to have the following items on file with your school:

1. A current and completed SCUSD Volunteer Registration Form

This must be completed each school year. This form will be maintained at your school site. Mandatory tracking in Infinite Campus by school site Office Manager.

2. Documentation showing you to be free of infectious tuberculosis (see above).
3. Fingerprinting Requirements

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 – “03353”. You must have a completed volunteer fingerprinting authorization form signed by the school site administrator (principal), or department designee with you. **The cost for volunteer fingerprinting at SCUSD is \$47.00. This can be paid by 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 and you are a current active volunteer you do not need to complete this process again.

**Fingerprinting is by appointment only. Call the Fingerprinting Office at 916-643-9050 to schedule an appointment. To schedule appointment online, please visit**

**<https://www.scusd.edu/fingerprinting-service>**

**For more information, email [doj@scusd.edu](mailto:doj@scusd.edu).**

4. Complete SCUSD Volunteer Training available at:

<https://mandatedreportertraining.com/volunteers/>

Provide proof of completion to school site office manager.

**Reminder:** In order to ensure safety and minimize distractions to the learning environment, please do not bring infants or non-school age children to school with you when you are volunteering in the classroom. Volunteers are asked to arrange for off-campus childcare.

### SCUSD Volunteer Registration Form

Thank you for your time and interest in becoming a Sacramento City School District Volunteer!

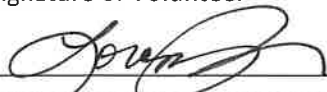
**You are not authorized to volunteer on any campus until the mandatory requirements have been fulfilled and you have been notified.** If you will be a volunteer driver for any student activities, you must also complete the "Personal Automobile Use" form and fulfill the requirements of that process.

#### Personal Information

Last Name	First Name	Middle Initial	Date of Birth
Address	City	Zip	
Home Phone	Cell Phone	Work/Other	
Email Address			
School Sites Where I Will Be Volunteering			
In Case of Emergency Notify	Relationship	Phone Number	
Place of Employment			
I am currently a Sacramento City Unified School District employee with fingerprints and TB clear on file.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
For office use:			
<input type="checkbox"/> TB Clearance – Valid Through: _____ (Issuance date plus 4 years)			
<input type="checkbox"/> If necessary, X-Ray Clearance on file.			
<input type="checkbox"/> Fingerprint clearance- Date _____			
<input type="checkbox"/> Mandated Reporter Training- Date Completed _____			

I hereby certify that the information contained in this Registration Form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Registration Form may result in my failure to volunteer.

Signature of Volunteer



**\*Signature of Site Administrator REQUIRED (print & sign)**

Date

8/26/2024

Date

## 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

**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 cellphone in the classroom or at any time around students.

## 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.**

---

Signature

Site

Date

AUTHORIZED APPROVAL

\_\_\_\_\_  
SITE/PROGRAM:



\_\_\_\_\_  
SITE ADMINISTRATOR SIGNATURE

8/26/2024

\_\_\_\_\_  
DATE

\*Site Administrator's signature is mandatory to apply as a SCUSD Volunteer PRIOR to bringing packet to Serna Center.

**NOTE: Site Administrator or Department Designee's Signature is mandatory to apply as a SCUSD Volunteer**

Education Code §3502 prohibits the District from allowing a person required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code § 290.4

**BUDGET CODE:** \_\_\_\_\_

**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 budget code above. If the volunteer is paying for the cost, we accept cash (only exact change), 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 \_\_\_\_\_





**VOLUNTEER INTEREST FORM**

Name: \_\_\_\_\_ Site/Program: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

**I am interested in volunteering in the following areas (check all that apply):**

- Classroom Helper
- Reading to Children
- Share hobby or career information
- Field Trip chaperone
- Yard/Cafeteria Assistance
- Library Assistance
- Child care during on-site event
- Mentor Students
- Community Gardens
- One-time family events
- At-home work for classroom
- Volunteer Coordination
- Photograph events
- Athletics
- Tutor Students
- Assist with fundraising
- Assistant Coach

**Availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

**PHOTO RELEASE**

I, \_\_\_\_\_, authorize the use of my photograph for school/district publicity purposes. 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 connection with the use of my photograph and all liabilities associated with any and all claims related to such use of my photograph. For the purposes of this release, 'liability' means all claims, demands, losses, causes of actions, suits or judgments of any and every kind that arise as a result of the above described activity and resulting from any cause other than the District's gross negligence.

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

Regulation: SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Approved: November 16, 1998 Sacramento, California

Reviewed: June 11, 2002

Revised: May 23, 2006

Revised: March 15, 2011

Revised: September 12, 2011

Revised: December 20, 2012

Revised: September 9, 2014

Revised: April 25, 2018

Revised: May 2, 2018

Revised: May 21, 2018

Revised: June 6, 2018

Revised August 1, 2018

Revised June 25, 2019

Revised October 2021

February 11, 2022

October 27, 2022

November 14, 2022

November 1, 2023

August 1, 2024