



## Ontario-Montclair School District

### Volunteer Handbook 2018-2019

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Ontario-Montclair School District has established a volunteer program designed to help parents and other community volunteers become involved on our campus on a routine or occasional basis.

Education is a team effort, and volunteers are a very critical part of the school team. Your involvement on our campus tells our children that you are concerned, that you value them as people, and that you want to help them succeed and be the best they can be.

The purpose of the volunteer program is to:

- Enable parents and dedicated citizens of the community to assist our students to fully develop academic skills and individual potential
- Increase the adult to student ratio on campus
- Assist in establishing tolerance and appreciation for diversity

#### DEFINITION OF A VOLUNTEER

A volunteer is a person, 18 years or older (21 years or older for overnight activities and/or to ride on district transportation), who receives no monetary compensation from the school district. A volunteer may be a parent, district employee, family member or community member, who submits an annual application to participate. Volunteers who have a criminal record shall not be cleared to volunteer with students in the Ontario-Montclair School District (Education Code 35021). For more information, contact the Human Resources Office.

#### CLEARANCE PROCESS

The Principal/Department Head (or designee) at each school site, in cooperation with the Office of Child Welfare, Attendance & Records, shall be responsible for verifying that the appropriate clearance processes have been performed ***before*** an individual can begin his/her volunteer service or assignment for the school district. *Please plan and allow for one to three weeks for application processing.*

Volunteer background check clearance is valid for the current school year only. Every volunteer must complete a Volunteer Application annually and submit it to the school site. Applications cannot be processed without *all* of the required documentation. All applications include the submission of a CA Driver's License/Identification Card or Attestation of Identification and TB Clearance (if required) as well as verification through a Megan's Law background check that the applicant is not a registered sex offender. Level 3 volunteers also require a Livescan finger print background check. All volunteer applications will be reviewed for completeness, approved or denied, and signed by the Principal/Designee. Applications are kept on file at each school site.



## Ontario-Montclair School District Volunteer Program Application

(ALL VOLUNTEERS MUST COMPLETE AND SIGN APPLICATION ANNUALLY)

Name of Applicant:		AKA/Maiden Name:	
Address, City, Zip & State:			
Date of Birth:	Sex (check): Male _____ Female _____		
Driver's License/ID #:	Expiration Date:		
Hair Color:	Eye Color:		
Home Phone #:	Cell Phone #:	Work Phone #:	
Emergency Contact Name:		Emergency Contact Phone #:	
Name of School Where You Wish to Volunteer:		Location and School Year of Last Volunteer Assignment:	
List child or children enrolled at this school and their teacher(s):			
Please Note: In accordance with Penal Code 626.7 the principal or designee has the right to request any individual who causes disruption with aggressive or offensive behavior to be prohibited from entering a school ground. Additionally, pursuant to Penal Code 626.81, any person required to register as a sex offender is prohibited from serving as a volunteer for any school sponsored activity within the district.			
Criminal History: Have you ever been convicted of a felony or misdemeanor (Do not include juvenile convictions)? YES _____ NO _____			
If yes, explain in full detail below (include additional information on additional pages or back of the form, if necessary)			
Date(s):	City & State:	Conviction(s) – Prior & Pending:	Sentence:
<b>VOLUNTEER STATEMENT OF RESPONSIBILITIES AND COMMITMENT:</b> <i>As a volunteer serving the Ontario Montclair School District I agree to attend any orientation or training necessary for my assignment, to keep all school and student information confidential, to abide by all school rules and board regulations applicable to me, and to inform the principal/designee in advance if I must be absent. I understand that I may be required to provide fingerprints and other personal information to the Ontario Montclair School District and that a criminal background check may be conducted. I further understand that my failure to disclose accurate and complete information is cause for rejection of my volunteer application.</i>			
Applicant Signature:			Date:

(THIS SECTION FOR SCHOOL USE ONLY)

<b>LEVEL 1 CLEARANCE</b>	California Driver's License/CA I.D./Attestation Current and Attached? YES _____ NO _____ Is this applicant a district employee? YES _____ NO _____ If yes, what position? _____ Megan's Law Clearance Current? YES _____ NO _____ Clearance Date: _____
<b>LEVEL 2 &amp; 3 CLEARANCE</b>	California Driver's License/CA I.D./Attestation Current and Attached? YES _____ NO _____ Is this applicant a district employee? YES _____ NO _____ If yes, what position? _____ Megan's Law Clearance Current? YES _____ NO _____ Clearance Date: _____ TB or Chest X-Ray Current? YES _____ NO _____ Clearance Date: _____ Live Scan Clearance Current? YES _____ NO _____ N/A _____ Clearance Date: _____ Renewal Date: _____
Principal Signature of Approval: _____ Date: _____	
Additional Information:	





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### Application Packet

#### TYPE OF PARTICIPATION

Volunteers for the Ontario-Montclair School District shall be encouraged to participate and contribute in various manners: Site Support, Classroom Support, Special Events, Field Trips, and Excursions. *Prior to commencing services, volunteers are subject to background checks and fingerprinting clearances as appropriate. (AB 346, BP 1240)*

#### SUPERVISION OF VOLUNTEERS

The Principal/Department Head (or designee) shall be responsible for ensuring that all volunteers have appropriate supervision by certificated staff. Volunteers who work with students shall be under the immediate supervision of certificated employees at all times and shall not be alone with students at any time.

Volunteer aides shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off (Education Code 35021).

#### TRACKING AND EVALUATION OF VOLUNTEERS

Volunteers shall sign in and out at the school office each time they come onto the campus. Sign-in sheets shall be maintained by the site to document volunteer service and participation. *Volunteers may be provided badges or other label name-tag identification that identifies them as a volunteer on sites or campuses.*

District employees who supervise, or otherwise have contact with a particular volunteer, are encouraged to submit written comments to the Principal/Department Head (or designee) regarding the performance and conduct of such volunteers. Site personnel may develop a volunteer evaluation form for this purpose.

#### PROOF OF IDENTIFICATION

Applicants must provide a copy of a valid California Driver's License, California ID Card, or Passport as proof of identity. In lieu of this method of identification the applicant may follow the Attestation of Identification Process provided in the following section.



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#### ATTESTATION OF IDENTIFICATION PROCESS

Instructions: This form must be filled out completely by the individual making the attestation of his or her identity. It must be accompanied by the completed volunteer application with which it is associated, a TB Clearance reflecting the same named individual (if required), as well as a current photograph of the prospective volunteer and proof of home address. Home address may be verified by an official document such as an Electric, Gas or Phone Bill, or a Mortgage or Rental Receipt, containing the applicant's name.

Name (Print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby declare under penalty of perjury that I am the individual named above and further testify that my identity as represented to the Ontario-Montclair School District on the Attestation and on my Volunteer Application is truthful and accurate.

I understand that my name, address, birth date and other information as provided to the District will be used to secure background information to assure the safety of students, staff and the community.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Site Verification of Identity Completed By: \_\_\_\_\_ Date \_\_\_\_\_

Attach Current Photograph Below, or attach additional sheet to the packet:

\_\_\_\_\_



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#### ADULT VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY

#### HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION

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

Name: \_\_\_\_\_ hereby requests participation in the following activity:

(Description of activity, please be specific)

I understand that this activity could cause illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as an Ontario-Montclair School District (District) volunteer in this activity, I acknowledge that the District does not provide any type of insurance including liability, property, or medical coverage for volunteers for any death, bodily injury, personal injury, or illness, or any loss to property sustained during my course as a District volunteer. I agree to waive all claims against Ontario-Montclair School District and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

☐ I have no special health needs the staff should be aware of, and no medication is required during this activity.

☐ I verify that I am medically fit to participate in this activity. I am prescribed and may take the following medications during my volunteer service: \_\_\_\_\_

(Signature) \_\_\_\_\_

(Name – Please Print) \_\_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Kaiser, Medical)

In the event of an emergency, please contact: \_\_\_\_\_

Name (Print) \_\_\_\_\_

Relationship \_\_\_\_\_

Home/Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_