



Rita Sierra Beyers
Assistant Superintendent
201 Sixth Street, Coronado, CA 92118
619.522.8900 X1010 www.coronadousd.net
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Dear Volunteer,

Thank you so much for your willingness to share your time, knowledge and abilities with Coronado Unified School District (CUSD) students.

The volunteer assistance you provide in our schools is valuable. We recognize that it can enrich the educational program, increase supervision of students and contribute to school safety while strengthening our schools' relationships with the community.

If you are interested in serving as a volunteer for the CUSD, you must complete the following documents. If you need assistance, please contact Rita Sierra Beyers or Kelley Englehart in the Human Resources Department of the district office. We may be contacted by e-mail or by phone.

The required documents are accessible on the district website at <http://coronadousd.net/> at the Parents & Students tab under Volunteers.

1. School Volunteer Application
2. Volunteer Code of Conduct
3. Copy of a valid Driver's License or Picture ID
4. Live Scan of fingerprints (FBI and DOJ) completed with results accessible by CUSD.

Fingerprints are required of all volunteers who are not "in line of sight" of a certificated employee at all times while on a school campus.

5. Copy of a verification of a negative Tuberculosis Test (TB) within the past four years.

We thank you for your service to our students and school community.

Sincerely,

Rita Sierra Beyers
Rita Sierra Beyers, Assistant Superintendent

Kelley Englehart

Kelley Englehart, Administrative Assistant
619-522-8900 x. 1010
kelley.englehart@coronadousd.net



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**CORONADO UNIFIED SCHOOL DISTRICT
SCHOOL VOLUNTEER APPLICATION**

Information provided on this form is confidential and will be used only for school Volunteer Program purposes.

SCHOOL SITE _____

FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____
Mo/Day/Yr

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? Yes No

WHERE DO THEY ATTEND? _____

VOLUNTEER EXPERIENCE _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
(Name) (Address) (Phone)
2. _____
(Name) (Address) (Phone)

Do you have any criminal charges pending against you? Yes No
 Have you ever been convicted of a felony? Yes No
 Have you ever been convicted of a sex or drug-related offense or crime of violence? Yes No
 Are you required to register as a sex offender under Penal Code 290.95? Yes No

"I understand that the district may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

Print Name: _____ Signature: _____ Date: _____

For Office Use Only: Megan's Law check - Date _____ Initial _____
 TB CHECK Date _____ Initial _____ (Photocopy TB Clearance Info and Attach)
 FINGERPRINT CLEARANCE REQUIRED Yes No PAYMENT Yes No (Attach Live Scan receipt)
 DRIVER'S LICENSE or Picture ID (Photocopy and Attach) State _____ Expiration Date _____

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students unless I have completed and been cleared through the FBI and DOJ fingerprint clearance process.
5. I will not solicit outside contact with students.
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have only with teachers and school administrators.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self or others.
10. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
11. I agree not to engage in violent behavior, smoking, alcohol or controlled substance use, or possession of explosives or weapons while on school campus.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
13. I agree to report to the appropriate school site/district personnel when a student is in danger of hurting him/herself or others or being hurt by someone else.
14. I agree to treat all school personnel and students with dignity and respect.

I agree to follow the District Volunteer Code of Conduct at all times or cease student volunteering immediately.

Name (Printed) _____ Signature _____

Date _____

VOLUNTEER FINGERPRINT PROCESS

According to Education Code Section 45125 and AB1610/1612, school districts are required to complete criminal background checks on all applicants before they commence work. On July 9, 2010, AB 346 was signed by Governor Schwarzenegger. This action requires school districts to request dual prints (FBI and DOJ) of all non-certificated volunteers, employees or coaches working with students in a school-sponsored pupil activity program.

The fee for this service, \$75, will be paid for by the volunteer (with an option for reimbursement of \$50).

- Both DOJ and FBI fingerprints are required if you are volunteering “out of line of sight” of the classroom teacher at any time during your presence on a school campus.
- You may download the form from the website or meet with Kelley Englehart (X1010) or Rita Beyers (X1013) at the Coronado Unified School District Office to access a copy of the “Request for Livescan” form.

You may have your fingerprints completed at the following location:

1. San Diego – San Diego County Office of Education (SDCOE) - 6401 Linda Vista Road, San Diego, CA 92111.

In order to schedule an appointment, please visit the following website:

<https://ims.sdcoe.net/livescan/loc.asp>

Directions:

1. Please remember to bring two completed copies of the “Request for Livescan” form, a money order for \$75 and a valid photo identification (driver license, state I.D., etc.) with you to your appointment. Without these items, you will be unable to have your fingerprints taken.
2. After you have completed the fingerprinting process, please submit the livescan form as your receipt and a request for reimbursement, if you wish to be reimbursed to Kelley Englehart at the District Office (619) 522-8900 X1010.
3. You are also responsible to provide a copy of a TB test to be cleared to volunteer or work. The test must be current, within the last four years.

If you have any questions, please call:

Kelley Englehart at 619.522.8900 X1010

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A0297
Code assigned by DOJ

Type of Application: (check one) Classified School Emp Credentialed School Emp

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
CORONADO UNIFIED SCHOOL DISTRICT 01615

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____

201 SIXTH STREET _____
Street No. Street or PO Box _____
CORONADO, CA 92118 _____
City State Zip Code _____

KELLEY ENGLEHART _____
Contact Name (Mandatory for all school submissions) _____
(619) 522-8900 EXT. 1010 _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

DOB: _____ SEX: Male Female

HT: _____ WT: _____

EYE Color: _____ HAIR Color: _____

POB: _____

SOC: _____

CDL No. _____

Misc. No. Applicant pays
Agency Billing Number

Misc. No. _____

Home Address: (Applies only if Youth Org / HRA or Public Utility submission)

Street or PO Box

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ FBI

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected / Billed _____