

Volunteering in Our Schools

Volunteers play an important and valuable role in the Ross Valley School District. Students, teachers, staff, parents, and the community benefit when volunteers share their talents, experience, and resources. Volunteers support students in a variety of ways, including assisting in the classroom, on the playground and/or during lunch, as field trip drivers and chaperones, at school events, in afterschool activities/sports, and a variety of special programs.

Family members may volunteer at their student's school. For anyone other than a student's family member who wishes to volunteer, please contact the school office.

We cannot imagine RVSD without the hard work and dedication of our volunteers. On behalf of the students and staff, we appreciate all you give to support our schools!

Volunteer Procedures

1. Each volunteer must complete and submit the following to the school office:

Volunteer

- Volunteer Application Form (attached)
- Provide COVID-19 Vaccination Status
 - If you are fully vaccinated, provide a copy of your vaccination card.
 - If you are unvaccinated or partially vaccinated, please complete the COVID-19 Volunteer Vaccination Status Form (attached). Please note that in accordance with CDPH, volunteers who are unvaccinated, partially vaccinated, or decline to state are considered "unvaccinated" and must test weekly in order to volunteer and will not be exempted from the testing requirement even if they have medical issues preventing vaccination, since they are still potentially able to spread the illness. Please refer to the Marin Health and Human Services website for testing resources: <https://coronavirus.marinhhs.org/testing>.
- Verification of negative TB test or the Risk Assessment Questionnaire
 - If you volunteered in a previous school year, you will be notified if you need to update your TB test or complete the Risk Assessment Questionnaire.
 - The TB test or Risk Assessment is valid for 4 years.
 - The TB Risk Assessment Questionnaire can be completed by your physician or health care provider.
 - If you are unable to have your physician or health care provider complete the questionnaire, you may have the TB risk assessment questionnaire reviewed by the RVSD school nurse.

- 2. In addition to the items listed above in section 1, a Field Trip Driver has the additional requirements listed below. *NOTE: at this time, due to COVID-19, field trips are not scheduled. Once our schools resume field trips, field trip drivers will be notified to provide the field trip driver form and proof of insurance.***

Field Trip Driver

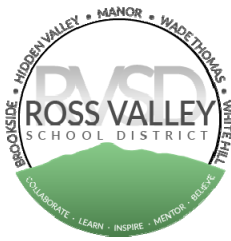
- An “Educational Field Trip Driver Form” must be submitted annually and whenever information changes during the school year.
- A copy of your automobile insurance policy declaration page/coverage
 - The declaration page must include the name of the insured driver, make(s) and model(s) of vehicle(s), coverage limits, and the expiration date. The required insurance limits are: Bodily Injury - \$100,000/\$300,000 and Property Damage - \$25,000.
- *Even if you are only transporting your own student(s), we must still have your completed “Educational Field Trip Driver Form” and copy of your automobile insurance policy declaration on file.*

- 3. In addition to the items listed above in section 1 Site-Based Volunteer, and section 2 Field Trip Driver, if the chaperone will also drive students, an Overnight Chaperone has the additional requirement listed below. *NOTE: at this time, due to COVID-19, overnight field trips are not scheduled. Once our schools resume overnight field trips, chaperones will be notified to complete the fingerprinting requirement.***

Overnight Field Trip Chaperone

- Fingerprint Clearance through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Once notified that you have been selected to be a chaperone by your classroom teacher, contact Lynn Merrion, District Office at (415) 454-4062 ext.1012 or lmerrion@rossvalleyschools.org, to obtain the “Live Scan Form” which must be taken to your fingerprint appointment. There are two locations where you may complete Live Scan fingerprinting, and the Ross Valley School District will be billed for the cost of your Live Scan report.
- Until your fingerprints have been cleared you may not chaperone, please allow up to 60 days after fingerprinting for RVSD Human Resource Department to receive the report from the DOJ/FBI.
- Fingerprint clearance is valid for 10 years.
NOTE: Please be aware that once your fingerprints are on file, the DOJ and FBI will release any past and/or current arrest information to the Ross Valley School District. Additionally, RVSD Human Resource Department will be provided “Subsequent Notification” of any arrests and convictions that may occur in the future.

Thank you for your willingness to volunteer for our schools! If you have any questions, contact your child/ren’s school or Teresa Machado, Executive Assistant to the Board, CBO, and Superintendent, at (415) 451-4060 or tmachado@rossvalleyschools.org.



RVSD Volunteer Application

This application must be completed if you wish to be a Volunteer, be a Field Trip Driver, and/or be an Overnight Field Trip Chaperone. Although due to COVID-19, day and overnight field trips are not being scheduled, if you are interested in being a field trip driver and/or being an overnight field trip chaperone, please check each box below for the kind of volunteering you are interested in and refer to the Volunteer Information cover sheet as to the forms and documentation that are required.

- Volunteer:** Volunteer Application, TB Risk Assessment Form, proof of COVID-19 vaccination or completed COVID-19 Vaccination Status Form.
- Field Trip Driver:** Volunteer Application, TB Risk Assessment Form, proof of COVID-19 vaccination or completed COVID-19 Vaccination Status Form, Field Trip Driver Form and Proof of Insurance
- Overnight Field Trip Chaperone:** Volunteer Application, TB Risk Assessment Form, proof of COVID-19 vaccination or completed COVID-19 Vaccination Status Form, and Fingerprint Clearance

Name: _____
Last Name First Name MI

Address: _____
Street City Zip Code Telephone Number

Student Name: _____ Relationship to Student: _____ Teacher: _____

Student Name: _____ Relationship to Student: _____ Teacher: _____

Student Name: _____ Relationship to Student: _____ Teacher: _____

Volunteer Conditions and Confidentiality (please read and initial)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please explain: _____

_____ All student information should be treated confidentially. I am required to maintain confidential all information that I may obtain directly or indirectly regarding pupils/parents/staff.
_____ Any information learned from a student should be held in strict confidence except if student confides he/she is the victim of abuse and/or involved in any illegal activity

_____ I am to conduct myself in a manner that will not be distracting from the educational process.
_____ As a matter of safety, I will not bring siblings and/or children not enrolled in the classroom during any volunteer hours (i.e. class parties, field trips, etc.).

_____ All accidents/injuries must be reported immediately to the Principal or Principal's Designee

_____ School staff is responsible for discipline and grading will be handled by the student's teacher.

_____ I will sign in and out at the school office and wear a school visitor badge at all times while volunteering.
_____ While volunteering, I will not bring, distribute or consume any prohibited substances (i.e. tobacco, alcoholic beverages, marijuana, etc).

_____ I understand I may be held personally responsible for any act that could be considered gross negligence in the performance of my responsibilities.

_____ I will review the School COVID-19 Safety Plan.
_____ I will adhere to all health and safety guidelines (requirements and recommendations) to prevent the spread of COVID-19 including not volunteering if I am exhibiting any symptoms of COVID-19.

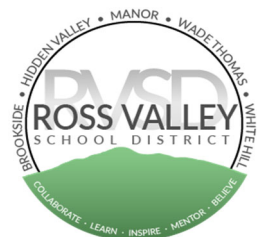
_____ If I am unvaccinated (ie. not vaccinated, partially vaccinated, or decline to state), I agree to get a weekly COVID-19 test and will provide the test result to the school office each week.

I have read and understand each of the above conditions and I agree to abide by them. Consistent with applicable law and District Policy, the District shall not authorize any registered sex offenders to volunteer in classrooms and, drive and/or chaperone students on field trips.

Print Name

Signature

Date



COVID-19 VACCINATION STATUS VOLUNTEER SELF-CERTIFICATION

First/Last Name: _____

Volunteer Site(s) in the 2021-22 School Year: _____

In accordance with [CDPH's Health Order \(https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx) (8/11/21), school workers who are unvaccinated (ie. not vaccinated, partially vaccinated, or decline to state) are required to be tested at least once weekly.

Note:

- “School workers” refers to all paid and unpaid adults serving in the school settings.
- Workers are considered fully vaccinated two weeks or more after they have received the second dose in a two-dose series of Pfizer or Moderna vaccines or a single-dose of the Johnson and Johnson vaccine.
- Workers who are not fully vaccinated or who have not submitted documentation of such will be considered unvaccinated for official purposes and are not exempted from the testing requirement even if they have medical issues preventing vaccination, since they are still potentially able to spread the illness.
- Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.
- Workers may be tested with either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested at least once weekly with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. For testing resources, visit the MHHS website: <https://coronavirus.marinhhs.org/testing>.

Please check mark the statement below that accurately describes your vaccination status.	
	I received my first dose of the Pfizer or Moderna vaccine but will not be getting my second dose.
	I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago.
	I received my first dose of Moderna or Pfizer, and my second appointment is scheduled.
	I have not yet been vaccinated, but I have already scheduled an appointment to receive my first dose of vaccine.
	I have not been vaccinated.
	I decline to answer whether I have been vaccinated.

I hereby affirm that I have accurately and truthfully selected the statement above.

Signature: _____

Date: _____