110 Shaw Drive, San Anselmo, CA 94960 | Phone: 415.454.2162 | Fax: 415.454.6840 | www.rossvalleyschools.org

## **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**

### **VOLUNTEER**

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

#### Volunteer

- Volunteer Application Form (attached)
- Verification of negative TB test or the Risk Assessment Questionnaire
  - o 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.
  - o 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.

### FIELD TRIP DRIVER

In addition to the items listed above in section 1, a Field Trip Driver has the additional requirements listed below.

- 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. "Continuous until Canceled" is not accepted.
- 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.

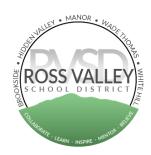
### OVERNIGHT FIELD TRIP CHAPERONE

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.

- 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 <a href="mailto:lmerrion@rossvalleyschools.org">lmerrion@rossvalleyschools.org</a>, 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 <a href="mailto:tmachado@rossvalleyschools.org">tmachado@rossvalleyschools.org</a>.



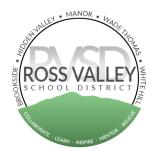
## **RVSD Volunteer Application**

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. 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 and TB Risk Assessment Form
- Field Trip Driver: All Volunteer Information plus Field Trip Driver Form and Proof of Insurance
- **Overnight Field Trip Chaperone**: All Volunteer Information plus Fingerprint Clearance (if driving, Field Trip Driver Information is also required).

Name <sup>.</sup>	:				
raine.	Last Name	First Name		MI	
Addres	ss:				
	Street	City	Zip Code	Telephone Number	
Studer	nt Name:	Relationship to Student:	Teacher:_		
Studer	nt Name:	Relationship to Student:	Teacher:_		
Student Name: Re		Relationship to Student:	Teacher:_		
	Voluntee	r Conditions and Confidentiality <i>(plea</i>	se read and initial)		
	Have you ever been convicted of If yes, please explain:	a crime other than a minor traffic violation (t	his includes DUI)   Yes	s □ No	
	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 etc).	g, distribute or consume any prohibited subs	tances (i.e. tobacco, alco	holic beverages, marijuana,	
		nally responsible for any act that could be co	onsidered gross negligen	ce in the performance of my	
	I will review the School COVID-19	9 Safety Plan (if applicable).			
	I will adhere to all health and safe volunteering if I am exhibiting any	ety guidelines (requirements and recommend y symptoms of illness.	dations) to prevent the sp	read of illness including not	
Distric		e above conditions and I agree to abide b othorize any registered sex offenders to v			
	Print Name	Signature		Date	

## **RVSD FIELD TRIP DRIVER FORM**



# PLEASE COMPLETE ONE FORM PER FAMILY, AND DON'T FORGET TO REVIEW AND SIGN THE BACK. PLEASE TURN IN NO LATER THAN ONE WEEK PRIOR TO FIELD TRIP.

Student/'s' Name/s:		Sch	ool Year
School/s: (circle all that apply): Brookside	Hidden Valley Manor		White Hill
Thank you for volunteering to transport children Prior to using a private automobile for an educa office. This form must be completed at least or	ational field trip, the driver/s mu	st complete, sign, an	d return this form to the school
DRIVER INFORMATION			
<b>Driver 1</b> (circle all that apply): Emp	loyee Parent/Guardian	Volunteer	
Name:		Date of Birth:	
Address:			
Driver License No.:	State:	Expiration	on Date:
Telephone Number: ()	Cell Phone	e Number: (	
Driver 2 (circle all that apply): Emp	loyee Parent/Guardian	Volunteer	
Name:		Date of Birth:	
Address:			
Driver License No.:	State:	Expiration	on Date:
Telephone Number: ()	Cell Phone	e Number: (	_)
	VEHICLE INFORMAT	ION	
Vehicle 1 Name of Owner:		Make:	Model:
Year:Color:License	Plate No.:	Registratio	n Expiration:
Vehicle 2 Name of Owner:		Make:	Model:
Year:Color:License	Plate No.:	Registratio	n Expiration:
INSURANCE INFORM	ATION FOR EACH VEHICL	E USED MUST BE	ATTACHED
Vehicle 1 Insurance Company:	Expira	ation Date:	
Vehicle 2 Insurance Company:			
A copy of each vehicle's insurance "Declara date must be attached to this form. If the po office. Proof of insurance cards are not accepted.	licy expires during the school yed. "Continuous until Canceled	rear, please provide ud" is not accepted.	
<b>REQUIRED LIMITS</b> : Bodily Injury: \$100,	<u>000/\$300,000</u> Property Dama	age: <u>\$ 25,000</u>	

FORM CONTINUES ON BACKSIDE

### RVSD FIELD TRIP DRIVER FORM

## CONDITIONS / RESTRICTIONS / AGREEMENT

DI	0200	road	and	initial	aach	itom
М	2252	1420	ann	пппп	<b>PACI</b>	1114111

I understand that the vehicle capacity is one passenger per seat belt. Current California Law (Vehicle Code Section 27360) requires that children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children who are 8 years of age OR have reached 4'9" in height may be secured by a booster seat, but at a minimum must be secured by a safety belt.
Use of child car/booster safety seats shall be in accordance with law, and the only car/booster seat a child may use is one that has been provided by his/her parent/guardian. No child may sit in a front seat with an airbag unless s/he is 8 years of age or is 4'9" or taller and does not require a child safety seat.
The vehicle is in a safe operating condition based on inspection by me as to lights, horn, turn signals, brakes, tires, and suspension.
I understand that I am only able to drive on a field trip if I have a valid California driver license or I am a non-resident on active military duty in California and have a valid driver license from my state of residence (in accordance with Board Policy and Administrative Regulation 3541.1).
I have no physical limitations that would adversely affect my ability to drive safely.
My cell phone will be used only in the case of an emergency while on District business. Music/DVDs must be appropriate for the age of the child/ren in my presence.
I am not taking any medication that would adversely affect my ability to drive safely.
I have no convictions within the past 5 years for driving under the influence, and I will not consume any alcoholic beverages or use other drugs while on a school-sponsored trip or excursion.
I will adhere to all health and safety guidelines (requirements and recommendations) to prevent the spread of illness including not volunteering if I am exhibiting any symptoms of illness.

Please Note: If you drive your personal automobile while on district business and you are involved in an accident, by law your liability insurance policy is used first. The district liability policy would be used only after your policy limits have been exceeded. The district does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE AND AGREE TO ADVISE THE DISTRICT IN WRITING OF ANY CHANGES IN THE ABOVE INFORMATION. I UNDERSTAND THAT MY INSURANCE IS PRIMARY IN CASE OF AN ACCIDENT AND THAT THE ROSS VALLEY SCHOOL DISTRICT ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE.

Signature of Driver 1	Date
Circumstance of Drivers 2	Dete
Signature of Driver 2	Date
Principal's Approval	Date

This form expires June 30 and must be renewed each school year as well as during the school year each time the information on the form changes.