## CULVER CITY UNIFIED SCHOOL DISTRICT PROSPECTIVE VOLUNTEER PACKET AND PROCEDURES Updated 8/25/2025



"Somewhere on this planet, someone has a solution to each of the world's problems. It might be one of us. With your help, we can build a more hopeful world."

-Marianne Larned-

Thank you for your interest in volunteering at Culver City Unified School District. Your unique talents and abilities are extremely valuable to us and we look forward to a rewarding and successful association. Culver City Unified School District is proud of the professional services we provide to our students, faculty and community members. We believe that our volunteers are a valuable asset and that each of you directly contributes to our continued success.

In order to sustain a safe sanctuary for our students, Culver City Unified School District requires that all prospective volunteers complete a Prospective Volunteer Profile and Authorization, a Hold Harmless Agreement, A Statement of Volunteer Confidentiality and Child Abuse Reporting. In addition and pursuant to District policy, California Education Code and Enacted Laws AB 1667, SB 792, and SB 1038, all individuals interested in volunteering must submit a Certificate of Completion of a Tuberculosis Risk Assessment and/or Examination as well as a criminal background check (fingerprinting) through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Please be sure that both boxes for DOJ and FBI are marked on the Livescan form.

## Let's get started:

- 1. Complete the prospective volunteer packet, include your certificate of completion Tuberculosis Risk Assessment and/or Examination signed by your Health Care Provider and return it to the site secretary at the site you are interested in volunteering. The Risk Assessment Questionnaire is attached to this packet. Volunteer applications can be downloaded on line at <a href="www.ccusd.org">www.ccusd.org</a> (under the school site).
- 2. <u>Fingerprinting & Background Check</u>: The site secretary will give you a CCUSD LiveScan Request Form that you will take to a LiveScan facility for processing your fingerprints. You must use the CCUSD LiveScan Request Form or your prints will not be processed to our account and will need to be redone.

There is a rolling fee that is paid directly to the Livescan facility that you go to. Rolling fees vary at Livescan facilities, so you would want to call around to find the lowest price.

3. Once you are cleared to volunteer, your site secretary will notify you of your clearance.

Welcome Aboard!

# CULVER CITY UNIFIED SCHOOL DISTRICT Prospective Volunteer Profile and Authorization

## Section I: Personal Data

Name (First):		(M.I.) (Las	t):	
				Apt.#
	Street		ZIP	
Phone: (H)	(W)	(Cell)	Email	
Emergency Contact	Name:	Relationship	Phone	
☐ Parent/Guardian	(check here) Student's	Name	Student's Name	
Are you currently, c  ☐ Yes ☐ No If so	or have you ever been an o, please provide the date	employee or substitute of the	Culver City Unified School	District?
Applicant's Signatu	re:	Handar bedgefort in a at the	Date:	
Section II - Volu	nteer Interest & Avai	lability/Site Location		
Please list site nan	ne(s) (ex. school site na	ame, Youth Health Center,	Family Center, etc)	Talling with to
Special Events Help	per (ex. Young Storytelle	rs, FAAST)	pediagram organization	Infegrer 12 contains
Area of Interest Pa	art 1: (Non-teaching volumetional services are required	teer aides, parents who voluntee to be fingerprinted through the l	r in a classroom or on a field t Department of Justice - \$47.00	rip, community volunteers fee DOJ/FBI)
		Helper, Tutoring, Chaperone I		
Are there any speci	fic time periods you wou	ld prefer to volunteer (season	s, days, time, etc)?	parents on the second
Area of Interest Paleader, Chess Club les \$47.00 fee)	art 2: (Individuals who are ader, Band leader, cheerlead	e working alone with students in ding are required to be fingerprin	ited through both the Depart o	I Justice and the rbi -
Coach (head coach.	assistant coach, auxiliar	y coach, etc)	right toppolities is it.	(please list)
Club Leader (Spani	ish chess club, band, che	erleading, etc)	en file purker ages, su arro	(please list)
Volunteer Driver (N	Middle School & High So	chool only) – must complete I		
Are there any speci	fic time periods you wou	ld prefer to volunteer (season	, days, time, etc)?	a smilling
	Please return co	mpleted forms to you	r school's site secreta	ary
I have attached	I a copy of this volunteer d the required fee of \$47	School Site Secretary/A 's TB Clearance to this applic 2.00 (DOJ & FBI) and entered the "Request For Livescan" for	ation. it on the Volunteer Fee Lo	
Secretary's Signatu	ıre:		Date:	
	Fingerprint Clearance Date: TB/CXR Clearance Expiration Date:			

## CCUSD VOLUNTEER DISCLOSURE

## The following persons may be disqualified from volunteering in Culver City Unified School District:

- 1. Anyone who makes a false statement on the volunteer paperwork or fails to disclose criminal convictions.
- 2. Anyone convicted of a felony committed within the previous seven years.
- Anyone convicted of any crime against children or other persons. 3.
- Anyone convicted of committing or attempting to omit any crime of violence or crime of a sexual nature against a minor not listed above, regardless of whether the crime of conviction was a misdemeanor, gross misdemeanor, or felony, and regardless of when the crime was committed.

Please answei	r the following	questions	completely	and sig	n the declaration	
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1.	Have you ever (at any time) been convicted of any crime including DUI or negligent driving? ☐ Yes ☐ No
	If "Yes" please identify the offense(s), provide the date(s) of the convictions(s), the name of the court and the sentence imposed:
2.	Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Department of Social and Health Services or the Department of Health that you have not challenged or appealed?  \[ \text{Yes}  \text{No} \]
	If "Yes" please identify the specific findings(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty imposed:
3.	Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges? Yes No  If "Yes" please provide pertinent details to enable Culver City Unified School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status:
I hereby whateve voluntee	authorize and consent to Culver City Unified School District, its agents, officers and employees, to inquire into and undertake or background check of me that culver City Unified School District, in its sole discretion, deems appropriate to determine as a err.
undersia	tand the inquiry may include database searches, interviews with people acquainted with me, employers or references. I and the information will be kept confidential to the extent permitted by law, but that Culver City Unified School district, as a ntity, is subject to the State Public Disclosure Act.
I release of inform	and hold harmless Culver City Unified School District; its agents, officers and employees, and all references or other sources nation from any and all liability in obtaining or providing such information about me.
m respo	hat if Culver City Unified School District determines, in its sole discretion, that I have provided false or incomplete information use to the above questions, or the district decides, with or without cause not to retain me as a volunteer for whatever reason, City Unified School District may, without notice or other process, reject my application to serve as a volunteer.
Applica	nt's Signature: Date:



## Culver City Unified School District

Administration Building 4034 Irving Place Culver City, CA 90232-2810 (310) 842-4220

## Statement of Volunteer Confidentiality and Child Abuse Reporting

Before you begin your assignment as a volunteer, you must be aware of the laws and penalties of breaching confidentiality and reporting child abuse.

Confidentiality is the preservation of privileged information and records concerning a student, which may be disclosed in a working relationship. Part of what you learn may be necessary to provide services to a student; other information is shared within the development of a helping, trusting relationship. Therefore, information gained about a student is confidential and disclosure can make you legally liable. Disclosing confidential information can damage your relationship with the student, and make it difficult to help the student.

The following information should be treated as confidential:

- Student record information including academic work such as daily assignments, tests and grades for that work;
- Discipline information such as referrals, investigative materials and information one might pick up in and around the office;
- Any student information gained by working with students that could be considered student record or discipline information.

All records and information regarding students must be treated as confidential. Any questions you may receive both in and out of the school setting about students should be redirected to the specific teacher or school site. Refrain from sharing stories about students with whom you come in contact.

Violation of the California Statutes regarding confidentiality of records is punishable upon conviction by a fine, by imprisonment or in the county jail.

## REPORTING CHILD ABUSE

Physical	Emotional	Neglect	Sexual	
direct contact with and supering the identification and ren	chool employees and certain oth ervision of children are not mand porting of child abuse and neglec	dated reporters; however, the la	w encourages such volunte cted incidences of child ab	eers to obtain training ouse or neglect.

Please notify the school administrator immediately if:

information to a teacher or principal.

As defined in California law, child abuse includes the following four categories:

- You hear students discussing issues that may be deemed dangerous to themselves or other students;
- You witness an act of bullying or harassment and you are the only adult in the room or area.

If you suspect abuse, or if a student reveals abuse, do not act shocked, but close the conversation as gracefully as possible and contact the school administrator or counselor as soon as possible.

My signature below certifies that I have read and u regarding the preservation of confidential informat	nderstand the material above. I understand my duty to abide by the laws and policies ion.
Signature	Date
Printed Name	School

## CULVER CITY UNIFIED SCHOOL DISTRICT ADULT VOLUNTEER PARTICIPATION IN <u>VOLUNTARY</u> ACTIVITY HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION

Date: _	te:	
Name:	me: hereby requests	participation in the following activity:
2	(Description of activity; please be specific)	
and hos physicia	nderstand that this activity could cause serious illness and/or injury. In eby consent to whatever x-ray examination, anesthetic, medical, surgical hospital care and emergency transportation considered necessary in the vician, surgeon, or dentist and performed under the supervision of a majorital or facility furnishing medical or dental services.	cal or dental diagnosis or treatment
bodily i as a Dis indemn demand adminis the Dist	a condition of my participation as a Culver City Unified School District knowledge that the District does not provide property or medical coverally injury, personal injury, or illness, or insurance to cover any loss to a District volunteer. I agree to waive all claims against Culver City Unemnify and hold District, its officers, agents, and employees, harmless hands, losses, causes of action, suits or judgments of any kind whatsoe ministrators or assignees may have against the District or that any other District because of any death, bodily injury, personal injury, or illness, may arise out of or in any way be connected with the above-described my occurrences that may arise solely out of the negligence of the District	rage for volunteers for any death, property sustained during my course ified School District and to from any and all liability or claims, ver that I, my heirs, executors, person or entity may have against or because of any loss to property lactivity. This waiver shall not apply
	I have no special health needs the staff should be aware of, and a activity.	no medication is required during this
	☐ I have consulted with my physician and verify that I am medical	ly fit to participate in this activity.
Signatu	nature Name (Please	Print)
Family l Insuranc	nily Medical rance Carrier: Policy Number	<b>:</b>
	(e.g. Blue Cross, Kaiser, etc)	
In the ev	ne event of an emergency, please contact:	
	ne (Please Print)  Relatione Phone:	enship
	k Phone:	

Original – Mary Soto, Business Services Copy – Volunteer Site File

## El Marino Language School

## **Volunteer Policies and Procedures Handbook**

El Marino Language School values the time, energy, and commitment of our cleared volunteers. Volunteers play an important role in supporting the academic, social, and emotional growth of all students. To ensure a safe, consistent, and respectful environment for our students and staff, the following policies and procedures apply to all cleared volunteers.

### **General Expectations**

- Volunteers support and extend the work of teachers and staff but do not replace their professional responsibilities.
- Volunteers are expected to follow the directions of the supervising teacher or staff member at all times.
- Volunteers serve all students, not just their own child or those they know.
- Favoritism toward one's own child or a particular group of students is not permitted.
- Volunteers should model respectful, inclusive, and professional behavior.
- Please arrive on time, follow sign-in/out procedures, and wear your volunteer badge at all times.

### Confidentiality

- Volunteers may not discuss or share information about individual students, families, or incidents observed at school with anyone outside of staff.
- All matters related to students are considered confidential.
- Volunteers may not photograph, record, or share images of students unless specifically authorized by school administration.

#### Student Discipline and Safety

- Volunteers may not discipline students. If a situation arises, notify the supervising teacher or staff immediately.
- Volunteers should not raise their voice, physically handle students, or impose consequences.
- Volunteers must remain within sight of a staff member unless specifically authorized to work independently in designated areas.
- Volunteers should never be alone with a student in a private setting.
- If you observe unsafe behavior, bullying, or another concern, report it immediately to a staff member. Do not attempt to resolve the issue independently.

#### **Boundaries and Conduct**

- Always treat students with kindness, patience, and encouragement.
- Avoid physical contact unless necessary for safety or as part of a staff-approved activity.

- Volunteers should avoid discussing personal beliefs, political views, or sensitive topics with students.
- If unable to attend your scheduled time, please notify the teacher or office staff as soon as possible.

### **Health and Safety**

- Volunteers must have completed all district-required clearance procedures, including background checks and TB testing.
- Badges must be worn at all times while on campus.
- In case of an emergency, follow staff directions and established school safety procedures.

### Acknowledgment

All cleared volunteers are required to read, understand, and adhere to these policies and procedures. Failure to follow these guidelines may result in revocation of volunteer privileges.

By signing below, you acknowledge that you have read and agree to abide by the El Marino Language School Volunteer Policies and Procedures.

Volunteer Name:	
Signature:	
Date:	