



Redlands Unified School District
KIMBERLY ELEMENTARY SCHOOL

301 W. South Avenue, Redlands, California 92373 (909)307-5540

A California Distinguished School

KIMBERLY ELEMENTARY VOLUNTEER AGREEMENT FORM

Thank you for being willing to serve in our classroom and school. Your positive support is invaluable to us. We know that you will join us in agreeing to protect our children's right to a safe and confidential learning environment. This document addresses the value of confidentiality in student assessment.

I agree to the following as I am involved in volunteering in the classroom and Kimberly School:

- At all times, including lunch and/or recess, I agree to work with students at the direction of and under the direct supervision of a credentialed teacher.
- I agree to sign in when coming on campus, wear provided volunteer identification at all time when on campus, and sign out when I leave.
- I agree to use staff restrooms only.
- I will provide evidence of current negative TB test or X-ray.
- I agree to keep confidential any child's grades, test results, or classroom behavior.
- I agree not to discuss grades, test results or classroom behavior with any other child or adult on or off campus, in any way, including the internet.
- Any questions or concerns that I have will be shared with the classroom teacher only.
- I understand and agree that the classroom teacher is the lead adult in the classroom.
- I agree to do my utmost to protect the privacy and dignity of the students I am involved with in the classroom and at Kimberly Elementary School.

Volunteer's Name (Printed)

Volunteer's Signature

Today's Date

Please list below the student(s) and teacher(s) you plan to volunteer for:

(If volunteering for more than one classroom please list all students and teachers below. Only one volunteer form is required per volunteer- one per classroom and/or student is not required.)

Student's Name: _____

Teacher: _____

Student's Name: _____

Teacher: _____

Student's Name: _____

Teacher: _____

Student's Name: _____

Teacher: _____

MEGAN'S LAW VOLUNTEER BACKGROUND CHECK

To provide a safe and protective environment for students, the Redlands Unified School District is using the Megan's Law database to complete background checks on school volunteers. This database identifies adults who are registered sex offenders.

Because you have volunteered to participate as a school volunteer and/or school sponsored field trip/overnight excursion, you are subject to a background check utilizing the Megan's Law database.

Thank you for your cooperation in increasing the district's ability to protect our students" will being.



I acknowledge that I am not a registered sex offender and that the Redlands Unified School District will check the Megan's Law public database to confirm this. This form can be used throughout the school year to review my status.

Please PRINT all information except signature.

Name: _____ Date of Birth: _____ M ___ F ___
Volunteers Name

Address: _____
Street Address City Zip code

Phone Number: _____ Ethnicity: _____

Relationship to Student: Parent _____ Step-Parent _____ Grandparent _____ Uncle/Aunt _____

Friend _____ Guardian _____ Other (please explain) _____ D.O.B.: _____

EVIDENCE OF CURRENT TB TEST

Evidence of current TB test is required. If you are already, an RUSD Board Approved Volunteer from the previous school year and your TB is still current (dated between June 2016 and today) we have your information on file and you do not have to submit a new TB test. Please simply complete these forms and check the appropriate box below.

If you are a new volunteer or your TB test expired, a TB test dated no more than 60 days prior to volunteer application submission is required. You may go to your own doctor or obtain a voucher from RUSD.

Please check ONE option below

_____ Evidence of current TB test attached (dated no more than 60 days prior to volunteer application submission)

_____ I was a board approved volunteer last year and I believe the evidence of negative TB turned in last year is dated between today and June 2015. Please let me know if I need to get an updated TB test.

_____ I understand that if I cannot provide evidence of negative TB as per RUSD Administration Regulation AR4229 I will not be able to volunteer until said evidence is provided.

ALL PAPERWORK IS DUE TO THE OFFICE NO LATER THAN JANUARY 31ST.

For Office use only:

Date background check completed: _____ Clearance Approved: Yes _____ No _____ Completed By: _____

Evidence of Negative TB provided: _____