

# San Ysidro School District

4350 Otay Mesa Road  
San Ysidro, CA 92173  
(619) 428-4476  
[www.sysd.k12.ca.us](http://www.sysd.k12.ca.us)

# Volunteer Handbook



*“Provides an educational environment  
in which all students succeed”*

Manuel H. Paul, Superintendent

Jennifer Brown de Valle, Assistant Superintendent of Human Resources

## San Ysidro School District

# VOLUNTEER GUIDELINES

The following procedures are to be followed by every school with respect to visitors, guests, and volunteers on school campuses.

### DEFINITION GUIDELINES:

1. A visitor is defined as an individual who, with school district authorization, attends a student performance, special event, festival, open hours, back-to-school event, etc. A visitor may either be accompanied or unaccompanied by school district staff. Designated school district administrative personnel are to make this determination. A visitor must sign a registry whenever possible (excepting large, school-wide events).
2. A guest is defined as an individual who, with school district approval, assists students, schools and teachers on a non-regular basis or who individually observes a classroom or activity. A guest may also assist with educational programs or with special events on an occasional or infrequent basis. A guest is required to report his or her presence at the school office and sign a registry.
  - Examples of a guest include: individuals who participate in the Read Across America Program, class parties, class projects, individuals observing a classroom, etc.
3. A volunteer is defined as an individual who, with school district authorization, voluntarily assists schools, educational programs, or students on a regular and ongoing basis. A volunteer is required to complete a Volunteer Application, Code of Conduct, and have a Megan's Law Background Check and/or a fingerprint check ***completed prior to rendering service***.
4. Guests and volunteers ***may not be left alone with students***. A certificated staff member must supervise guests and volunteers.

### SIGN-IN PROCEDURES

1. Guests and volunteers are required to sign in at the school office each time they are on campus.
2. The sign-in registry should include a place for first and last name, date, location person is visiting, and the time they reported.
3. All guests and volunteers will be required to wear some form of identification badge issued by the school office.

## **PROCEDURES FOR BECOMING A SCHOOL VOLUNTEER**

1. School volunteers are required to complete a Volunteer Application prior to being allowed to participate as a volunteer (See attachment #1).
2. Volunteers must complete a Volunteer Code of Conduct prior to being allowed to volunteer (see attachment #3).
3. Volunteers, by law, will also need a tuberculosis clearance before being allowed to volunteer (see attachment #2).
4. Volunteers, by law, will need a Megan's Law clearance before being allowed to volunteer. The site principal or department administrator must use the Megan's Law website to clear each volunteer. The principal or department administrator shall complete a declaration that he/she has done the Megan's Law clearance (see attachment #4).
5. All volunteers must be directly supervised by a certificated staff member at all times.

**Note:** It is the responsibility of each school/department to maintain the following records:

- Volunteer Applications
- Volunteer Tuberculosis clearances
- Completed Megan's Law Declarations
- Volunteer attendance sheets

# SAN YSIDRO SCHOOL DISTRICT SCHOOL VOLUNTEER APPLICATION

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

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
Mo/Day/Yr

VALID FORM OF IDENTIFICATION (PLEASE CIRCLE ONE)

VALID DRIVERS LICENSE/STATE ID/SCHOOL ID# \_\_\_\_\_  
(ATTACH COPY OF CURRENT PHOTO IDENTIFICATION)

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL?  YES  NO

WHICH SCHOOL 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 required, pursuant to penal Code 290.95 to disclose to school officials that I am 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.”

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# DISTRITO ESCOLAR DE SAN YSIDRO

## SOLICITUD PARA SERVIR COMO VOLUNTARIO(A) EN UNA ESCUELA

**Los datos proporcionados en este documento son confidenciales y serán usados únicamente para los fines del Programa de Voluntarios en la Escuela**

FECHA \_\_\_\_\_ ESCUELA \_\_\_\_\_

NOMBRE COMPLETO \_\_\_\_\_  
(Primer nombre) (Segundo nombre) (Apellido)

DIRECCION \_\_\_\_\_  
(Calle) (Ciudad) (Estado) (Zona Postal)

FECHA DE NACIMIENTO \_\_\_\_\_ TELEFONO DE LA CASA \_\_\_\_\_ TELEFONO DEL EMPLEO \_\_\_\_\_  
Mes/Día/Año

FORMA DE IDENTIFICACION VALIDA (Seleccione Una)

Licencia de Conductor/Tarjeta de Identidad/Identificación Escolar # \_\_\_\_\_  
**(Adjuntar fotocopia de comprobante de identidad)**

TIENE USTED HIJOS O NIETOS EN LA ESCUELA? [ ] SI [ ] NO

A CUAL ESCUELA ASISTEN? \_\_\_\_\_

EXPERIENCIA COMO VOLUNTARIO(A) \_\_\_\_\_

PERSONAS A LLAMAR EN CASO DE EMERGENCIA:

1. \_\_\_\_\_  
(Nombre) (Dirección) (Teléfono)

2. \_\_\_\_\_  
(Nombre) (Dirección) (Teléfono)

¿Tiene cargos criminales pendientes en su contra? \_\_\_\_\_ Sí \_\_\_\_\_ No

¿Ha tenido alguna condena por un delito? \_\_\_\_\_ Sí \_\_\_\_\_ No

¿Ha tenido alguna condena por un delito sexual o relacionado con drogas o con un delito de violencia? \_\_\_\_\_ Sí \_\_\_\_\_ No

¿Se le requiere que se registre como agresor(a) sexual según el Código Penal 290.95? \_\_\_\_\_ Si \_\_\_\_\_ No

“Entiendo que el Distrito puede investigar mis antecedentes personales y profesionales. Autorizo que mis referencias personales y profesionales sean investigadas y libro de toda responsabilidad al Distrito y a cualquier persona que le de la información al Distrito. También entiendo que si sirvo como voluntario(a) pueda tener más de un contacto ocasional o infrecuente con los estudiantes. De conformidad con el Código Penal 290.95 se requiere de mí que revele a los funcionarios escolares si se me ha registrado como agresor(a) sexual. Si no doy esta información, se me podría arrestar, enjuiciar, multar o encarcelar. Al escribir mi nombre abajo, declaro bajo pena de perjurio, que no se requiere de mí, bajo del Código Penal 290.95, que revele a los funcionarios escolares que estoy registrado(a) como agresor(a) sexual, y que no he tenido ninguna condena por algún delito sexual o relacionado con drogas o con delitos de violencia, y que no existen cargos criminales pendientes en mi contra. Estoy de acuerdo en acatar las reglas y regulaciones de salud y seguridad del Distrito.

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

**SAN YSIDRO SCHOOL DISTRICT**  
**VOLUNTEER TUBERCULOSIS SKIN TESTING**

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_/\_\_\_\_\_

Phone Number: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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Location

County of San Diego

690 Oxford Street

Chula Vista, CA 91911

(619) 409-3110

Tuberculin Skin Test:

Monday, Wednesday, Friday - 8:30 a.m. - 4:00 p.m.

Tuesday - 10:30 a.m. - 4:30 p.m.

FEE: \$8.00

**DISTRITO ESCOLAR DE SAN YSIDRO**

**PRUEBA DE LA PIEL DE TUBERCULOSIS PARA VOLUNTARIOS**

Nombre: \_\_\_\_\_ Fecha de nacimiento/Edad: \_\_\_\_\_/ \_\_\_\_\_

Número de teléfono: \_\_\_\_\_ País de nacimiento: \_\_\_\_\_

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Lugar

Condado de San Diego

690 Oxford Street

Chula Vista, CA 91911

(619) 409-3110

Tuberculin Skin Test:

Lunes, Miércoles, Viernes - 8:30 a.m. - 4:00 p.m.

Martes - 10:30 a.m. - 4:30 p.m.

Costo: \$8.00

**SAN YSIDRO SCHOOL DISTRICT  
VOLUNTEER CODE OF CONDUCT**

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

1. Immediately upon arrival, I will sign in at the principal's 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 without the authorization of teachers and/or school authorities.
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 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 only to do what is in the best personal and educational interest of every child with whom I come into contact.

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

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**Signature of School District Volunteer**

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**Date**



## **DISTRITO ESCOLAR DE SAN YSIDRO CODIGO DE CONDUCTA DEL VOLUNTARIO(A)**

**Como voluntario(a), acepto respetar el siguiente Código de Conducta del Voluntario(a):**

1. Inmediatamente al llegar, firmaré en la oficina del director(a) o de su representante.
2. Llevaré puesta una identificación de voluntario(a) o la mostraré cuando lo requiera la escuela.
3. Únicamente usaré el baño de los adultos.
4. Estoy de acuerdo en nunca estar a solas con un estudiante sin la autorización de los maestros y/o de los funcionarios escolares.
5. No tendré contacto con los estudiantes fuera de la escuela.
6. Intercambiaré información de dirección personal sólo con la aprobación de los padres y de los administradores y sólo si es requerida como parte de mi papel como voluntario(a). Estoy de acuerdo en no intercambiar números telefónicos, direcciones, correos electrónicos u otros datos personales con los alumnos para cualquier otro propósito.
7. Mantendré discreción fuera de la escuela y diré lo que me preocupa a los maestros y administradores de la escuela.
8. Estoy de acuerdo en no transportar a estudiantes sin el permiso escrito de los padres o tutores o sin la autorización expresa de la escuela o del distrito.
9. No publicaré, usaré o difundiré fotografías de los alumnos o datos personales de ellos, míos o de otras personas.
10. Estoy de acuerdo en no poner, transmitir, publicar o exhibir cosas perjudiciales o inconvenientes que sean amenazadoras, obscenas, que provoquen desorden, que sean sexualmente explícitas o que pudieran ser mal interpretadas como alguna forma de acoso.
11. Estoy de acuerdo en hacer sólo lo que sea en el mejor interés educativo de los niños con quienes yo entre en contacto.

**Estoy de acuerdo en respetar siempre el Código de Conducta del Voluntario(a) del Distrito Escolar de San Ysidro o, de otro modo, cesaré inmediatamente mi labor como voluntario(a) de los estudiantes.**

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Firma del Voluntario(a) de un Plantel del Distrito

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Fecha

San Ysidro School District

**Declaration of Compliance with Megan's Law Requirements for Volunteers**

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

Volunteer's Address: \_\_\_\_\_

Volunteer's Phone Number: \_\_\_\_\_

**Results of Megan's Law Check**

Megan's Law Website check for this applicant was completed by the principal on:

\_\_\_\_\_.

(Date)

Results of the website check:

\_\_\_\_\_ The applicant's name did appear on the Megan's Law Website.

\_\_\_\_\_ The applicant's name did not appear on the Megan's Law Website.

Principal's signature below indicates compliance with Megan's Law requirements.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date