Volunteer Procedures
2012-2013

Coolidge Unified School District welcomes and appreciates community members who wish to volunteer with the District. The following procedures are designed to help maintain an active volunteer list within each School and the District. Volunteers must pay their own fingerprinting fee.

1. Anyone interested in volunteering must complete a Volunteer Application which is available at each school location.

2. Volunteer Applicants can indicate if they are interested in a particular school or if they are available district-wide. Applicants may also indicate if they have a particular function, sport or class in which they are interested.

3. Upon completion of the Volunteer Application, designated site personnel will complete the "Site Recommendation" section of the application, completed reference checks, and return the completed Volunteer Application Form to the Human Resources Department.

4. Once the volunteer application form has been reviewed by Human Resources, Applicants will be contacted by Human Resources to finalize the process.

5. All Volunteers must be fingerprinted prior to being on-site. If a volunteer is fingerprinted by the District, the fingerprint card will be considered valid for up to four (4) years. The District reserves the right to re-fingerprint a volunteer at any time.

6. Upon receipt of fingerprint clearance, site personnel will be notified of applicant approval and an updated Volunteer List will be sent to all sites. Fingerprint Clearance from the Department of Public Safety takes approximately 6-8 weeks, so please plan accordingly.

7. Volunteers will report to the Site Administrative Office for assignment and will log in and out each day of service. A green volunteer badge will be worn by all fingerprinted volunteers whenever they are on campus. A red volunteer badge will be worn by all non-fingerprinted parents or guardians visiting campus.

8. Parents or Guardians wearing a red badge will be allowed to volunteer only in their child's classroom. They cannot be asked to accompany other students out of the classroom. They cannot be left alone with other students in the absence of the teacher.

9. Red badge volunteers may be allowed to go on fieldtrips with their child at the Principal's discretion and at their own expense. However, teachers will not allow red badge volunteers to be placed in an unsupervised situation with other students.

10. All Volunteers must be supervised by a Coolidge Unified School District Employee.

11. At the end of each fiscal year, each site must complete a "Volunteer Review" on each regular volunteer. This will aid in the renewal of a Volunteer for the following School Year.

Volunteer Application
2012-2013

Date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email Address: _____

Previous Volunteer Experience (please list years of experience):

Employment History (please include the last 5 years):

Volunteer Preferences

Which site(s) are you interested in volunteering at: _____

Which Days of the Week are you available: M T W Th F (please circle)

Time of Day in which you are available: _____

Grades and/or Subject you are interested in: _____

In Case of an Emergency

Contact Name/Phone Number/Cell Number/Relationship:

_____

References

Please list three (3) References that are not relatives:

Name Relationship Address Phone

_____

_____

_____

Has a School District Employee requested you to volunteer? _____

If so, please list name and site: _____

~ ~SCHOOL SITE OFFICE USE ONLY~ ~

Applicant Volunteer Services Approved? *Yes* *No* Print Name: _____

What area will volunteer be used: _____

References Checked: _____ Any Concerns? _____

Will Volunteer be Red Badge? _____

~ ~HUMAN RESOURCES USE ONLY ~ ~

Application Complete: *Yes* *No* Volunteer Fingerprinted: *Yes* *No*

Fingerprint Clearance Received: *Yes* *No* Fingerprint Paid by District: *Yes* *No*

Volunteer Added to List: *Yes* *No* Site Notified: _____ Date

Volunteer Application
2012-2013

I, _____, agree to:

1. Obtain Fingerprint Clearance Card DPS or the Coolidge Unified School District #21.
2. Attend training if offered by school site.
3. Authorize the Coolidge Unified School District #21 to contact the listed references to verify information on this application and to release this information to the agency in which I am referred.
4. Volunteer at least two (2) hours per week.
5. Follow all policies and procedures of the Coolidge Unified School District #21 where I am volunteering.

_____ _____

Volunteer Signature Date