



PALO VERDE
Unified School District

"Improving Learning... Together"

295 North First Street, Blythe California 92225
Telephone (760) 922-4164
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Board of Education

Samuel Burton
Norman C. Guith, Ed.D.
Martha Gutierrez
Alfonso Hernandez
Jamey Mullion

Charles Bush, Ed.D.
Superintendent

School Year 2018-19

Dear Volunteer,

Thank you for your interest in becoming a volunteer for the Palo Verde Unified School District. The Palo Verde Unified School District Governing Board encourages parents, guardians, and community members to share their time, knowledge and abilities with our students. Community volunteers in our schools enrich the educational program and strengthen our schools' relationship with homes, businesses, public agencies and private institutions. The presence of volunteers in the classroom, on field trips and on school grounds may also enhance supervision of students and contribute to school safety.

Before authorizing any volunteer in proximity of the students, to serve as a non-teaching aide or to supervise students, fingerprint screening is conducted using the Federal Bureau of Investigation and the Department of Justice. It is also required that all volunteers be tested for Tuberculosis. If you use the District's preferred provider, the charges for fingerprinting and Tuberculosis screening will be paid by the District.* Please note that volunteers must be 17 years of age or older. Students not enrolled with the school district are not eligible to be volunteers.

Please complete the attached annual volunteer information form and return it to your school office for the site administrator's signature. Please note that there are extra requirements for volunteers at the Head Start site. Information on those requirements is available at the Head Start location. Once the site administrator has signed the volunteer form, bring it along with your ID to pick up the fingerprinting & TB forms at Palo Verde Unified School District Administration Office located at 295 North First Street, Blythe, CA 92225.

Your interest in becoming a school volunteer in the Palo Verde Unified School District is greatly appreciated. If you have questions or concerns feel free to contact us at (760) 922-4164.

Sincerely,

Charles Bush, Ed.D.
Superintendent

CB/cdf

* The TB skin testing requires a second visit to the Doctor's Office. Any additional costs incurred due to not meeting this second visit, will be the sole responsibility of the volunteer.

VOLUNTEER INFORMATION FORM
Community Relations

Date: _____

School: _____
(*Please note: one volunteer form is needed for each school)

Volunteer Name _____

Residence Phone _____

Student Name _____

Cell Phone or Office Phone _____

Address _____

Emergency Contact Person _____

City, State & Zip Code _____

Emergency Contact Phone _____

Have you volunteered previously? _____ If so, when (year)? _____ Any other name used? _____

Description of Proposed Volunteer Activity: _____

Proposed Sched/Dates: _____

Personal References:

Name _____ Phone _____

Name _____ Phone _____

Make, Model, License number and color of car if it is to be parked on school premises:

Have you been convicted of a felony or misdemeanor (within the last two years) which resulted in incarceration?

Yes No If yes, please describe: _____

IMPORTANT - READ CAREFULLY:

Regulations will require volunteers to submit a certificate as evidence of freedom from tuberculosis, and to be cleared through fingerprint screening. I understand that if I do not clear, I will not be allowed to volunteer. Volunteering is a non-paid status.

I HEREBY CERTIFY all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded at any time. I release from all liability persons and organizations reporting information required by this application. I have received and read the AR/BP4030 - Non Discrimination in Employment.

Signature of applicant _____

Date _____

Site Administrator Authorization _____

Date _____

PERSONNEL USE

() I have received and read the AR/BP4030 - Non Discrimination in Employment.
Initials

Exp TB Date: _____ Billed/PTB/OTB _____

TB Clearance Date: _____ (Risk/Skin/X-ray) Fingerprint Clearance Date: _____

Reference Check/ _____

Additional Comments: _____