

## Volunteer Forms

### ATTACHMENT A: School Volunteer Application

#### SCHOOL VOLUNTEER APPLICATION

Check One:

\_\_\_ Parent/Relative at Child's School: (Specify relationship): \_\_\_\_\_

\_\_\_ Associated Student Name if applicable: \_\_\_\_\_

\_\_\_ RBUSD Employee

\_\_\_ Intern

\_\_\_ Other: \_\_\_\_\_

First Name:		Last Name:	
Address:		City:	
State:		Zip Code:	
Home Tel.:		Cell:	
Work Tel.:		Email:	

In case of emergency, please call:

Contact Name 1:		Contact 1 Phone:	
Contact Name 2:		Contact 2 Phone:	

School Site:	Jefferson Elementary	School Year:	2025-26
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Have you ever been convicted of a felony or a crime involving children?

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date of California Megan's Law Database Check: \_\_\_\_\_

## ATTACHMENT B: Volunteer Acknowledgment

### Redondo Beach Unified School District

As a volunteer in the RBUSD, you have a responsibility to students and to the District to adhere to certain rules of conduct and behavior. The Volunteer Guidelines and Volunteer Responsibilities are meant to articulate expected volunteer conduct and behavior. Volunteers should also be familiar with specific rules at the school(s) at which they volunteer.

#### PLEASE INITIAL EACH STATEMENT:

	1. I understand the California Education Code (EC 35021) permits, and District counsel advises, school districts to conduct a reference check through the Department of Justice of anyone who serves as a volunteer assisting school personnel.
	2. I will maintain confidentiality about the school learning environment, including all records and/or observations regarding students.
	3. I will always report any suspected Child Abuse to the principal immediately.
	4. I understand my volunteer services are at the discretion of the Board or through its designee, the site principal, and that my services may be terminated at any time.
	5. I will not bring younger children to the school during my volunteer hours.
	6. I agree to turn off my cell phone or place my cell phone on silent so as to not disrupt the school learning environment.
	7. I understand it is unlawful for me to photograph, video or otherwise record students and staff.
	8. I have read and agree to comply with the Volunteer Guidelines and Volunteer Responsibilities as well as associated Board policies.

Date Submitted: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

Principal's Signature: \_\_\_\_\_

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

**ATTACHMENT C: Tuberculosis Physician/Clinic Form**

Redondo Beach Unified School District

Dear Volunteer:

All volunteers must be free of active tuberculosis (TB) before they start volunteering. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code Section 121545 TB Test School Volunteers. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

\_\_\_\_\_ MANTOUX Skin Test (5 TU PPD)

\_\_\_\_\_ CHEST X-RAY (Acceptable only if MANTOUX positive)

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Date of X-Ray: \_\_\_\_\_

Given by: \_\_\_\_\_ Result (mm): \_\_\_\_\_

X-Ray Impression: \_\_\_\_\_

\_\_\_\_\_ History of positive MANTOUX

\_\_\_\_\_  
Signature of Physician/RN

\_\_\_\_\_  
Date Report Signed

\_\_\_\_\_  
Print Name of Physician/RN

\_\_\_\_\_  
State License Number

Business Address: \_\_\_\_\_  
Street City Zip Code

Telephone: \_\_\_\_\_