

**ALISAL UNION SCHOOL DISTRICT
 WAIVER AND RELEASE OF ALL CLAIMS
 VOLUNTEER AGREEMENT FORM
 (18 years and older)**

Pursuant to Education Code sections 58751(d) and 35160, the District is authorized and obligated to establish a background screening process for volunteers wishing to serve in its schools. Please provide the following information:

NAME _____ EMAIL _____
 ADDRESS _____
 Street, P.O. Box City Zip
 PHONE NUMBER _____ BIRTHDATE _____
 CALIFORNIA DRIVERS LICENSE NO. _____ EMAIL: _____
 START DATE _____ END DATE _____
 SCHOOL/DEPT. _____ HOURS PER WEEK _____
 SUPERVISOR/PERSON REFERING _____
 CONTACT PERSON/PHONE NUMBER FOR EMERGENCIES _____
 HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?
 YES ___ NO ___ IF YES, PLEASE EXPLAIN, GIVING DATES: _____

DESCRIPTION OF SERVICE TO BE PERFORMED

- Classroom Volunteer
- School/Classroom Celebration
- Other (please list) _____
- Fieldtrip
- Special School Activity (please list)
- Science Camp (Fingerprints required)

Supervised (No fingerprints) Unsupervised (Fingerprints required) Signature: _____
 (Principal or Department Head)

WAIVER

I, the undersigned, hereby consent to perform service as a volunteer, without compensation or reimbursement, for the Alisal Union School District.

I understand that I may be required to be fingerprinted for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code 58751.

I fully understand the type of service for which I am volunteering. I understand that I am responsible for my behavior and I will only perform volunteer service that I feel comfortable doing.

I agree to abide by all state and federal laws and policies/regulations of the Governing Board of the Alisal Union School District

I agree to indemnify and hold harmless the Alisal Union School District, its officers, employees and agents, from all claims, liability, or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the Alisal Union school District and activities associated with the volunteer program.

This authorization shall remain in effect while volunteer is involved in the above described volunteer service for the Alisal Union School District.

 Signature of Volunteer Date _____
 Received, witnessed and background check completed for Alisal Union School District by:

 Human Resources Signature Date _____

Adopted: June 10, 1998
 Revised: October 21, 1998; January 2016; August 2017

- Fingerprint Clearance
- TB Skin Test Clearance
- Scan/Fax to Site