

Thank you for your interest in volunteering your time with Santa Cruz Valley USD No. 35. In order to be considered for placement on the approved volunteer list, **please submit the following to the school principal:**

- A signed and completed Volunteer Application
- A signed and notarized Affidavit
- A signed Confidentiality Agreement
- A photocopy of your driver license (or other picture ID)
- A photocopy of your AZ DPS Fingerprint Clearance Card (if applicable)
- Any other certification, license, information, etc which will assist us in the evaluation of your application
- A listing of experience as a player and/or coach (for athletic volunteers only)
- Any other information required by the school site(s)

*Please note: Pursuant to ARS § 15-512, parents/guardians of District students are not required to be fingerprinted to be classroom volunteers. However, the **District does require that all athletic volunteers have fingerprint clearance.***

Educate Everyone Every Day

Educate Everyone Every Day

Santa Cruz Valley Unified School District No. 35
1374 W. Frontage Road Rio Rico, AZ 85648 (520) 281-8282
An Equal Opportunity Organization

APPLICATION FOR SCHOOL VOLUNTEERS

PARENT VOLUNTEER NON-PARENT VOLUNTEER EMPLOYEE

Last Name	First	Middle	Home Phone
Address			Cellular Phone
City, State, Zip			Email Address

Current or Previous Employer	Position	Dates of Employment
Address		Telephone
Duties		Supervisor Name

Site(s) at which you wish to volunteer:

- | | |
|---|---|
| <input type="checkbox"/> Rio Rico High | <input type="checkbox"/> Mountain View Elementary |
| <input type="checkbox"/> Calabasas K-8 School | <input type="checkbox"/> San Cayetano Elementary |
| <input type="checkbox"/> Coatimundi Middle School | <input type="checkbox"/> Other _____ |

**Give three references who are familiar with your personality, character and work habits.
 DO NOT INCLUDE PERSONAL FRIENDS, RELATIVES.**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

CONVICTION DISCLOSURE

Because of the responsibility that Santa Cruz Valley Unified School District has to its school children and community, the following information is needed from all volunteer applicants regarding convictions. A record of conviction* does not necessarily disqualify applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for volunteer service and may result in prosecution for filing false information with a public agency. Volunteers must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent's office. In conjunction with this, if you are not a parent or guardian of a District student, you will be required to submit fingerprints for a background check. Please read carefully and answer every question. Please print clearly.

Other name(s) used _____ Dates of usage _____

1. Have you ever been convicted of, admitted to committing, plea-bargained or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? A DUI conviction is not considered a minor traffic offense. *You must answer yes if the matter was later dismissed, vacated or expunged.*
 Yes No

2. Is there any other information not required by this application that you should disclose to the District so it may accurately evaluate your fitness in a position of public trust with minor students? Yes No

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc. disclose and the District will determine whether the information is pertinent. If your answer is yes, fully explain. Use a separate sheet of paper if necessary).

*CONVICTION- means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment, which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

IF YOU ANSWERED YES TO QUESTION 1, COMPLETE SUPPLEMENTAL CONVICTION INFORMATION

Conviction Charge: _____

Date(s) of Conviction: _____ Court of Conviction: _____ City/State: _____

Amount of Fine: _____ Length of Jail Term: _____ Terms of Probation: _____

Remarks: _____

Volunteer Agreement

I would like to volunteer my time and service to participate as a volunteer during the school year that ends June 30th for the above noted site(s). I am volunteering of my own free will. I understand and agree that my volunteer participation is not being performed as part of my employment Santa Cruz Valley Unified School District No. 35 and that my participation is not in any way required by Santa Cruz Valley Unified School District No. 35 or its Governing Board. I have not been promised and do not expect to receive any payment, benefits or other compensation for my time and service. If employed by the School District in another capacity, volunteer services I will perform do not involve the same or similar services that I perform as an employee, and are not closely related to my duties and responsibilities as an employee.

I understand that before final consideration as a volunteer, I must submit a completed application form, fingerprints (if applicable), criminal history affidavit, confidentiality agreement and be approved by the Governing Board. Any falsification or omission herein shall be considered sufficient cause for termination.

I understand that participation as a volunteer may be terminated by Santa Cruz Valley Unified School District No. 35 at any time without cause and that I may withdraw from participation at any time and for any reason. Neither participation nor withdrawal from participation will affect any employment I may have with Santa Cruz Valley Unified School District No. 35.

I hereby authorize each person, school district, firm and corporation listed on my application to answer any questions and give any information that may be sought concerning this application, my work habits, character or skills. Furthermore, I agree to comply with Governing Board policies, District regulations and procedures and/or the directives of my supervisor(s). The District and its agents, students, employees and volunteers, individually or jointly, are not liable for any injury, damage or liability that may occur to me unless the District or its agencies, students, employees or volunteers are grossly negligent, and then only to the extent of the gross negligence.

I understand it is the policy of the District not to discriminate on the basis of race, color, religion, gender (including sexual harassment as described in the District's policies concerning sexual harassment), age, national origin, or disability in its educational programs, activities or employment policies as required by federal law. The District abides by federal laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the American Disabilities Act of 1990. Inquiries regarding compliance with any of the above may be directed to the District's Human Resources Department or to the Director of the Office for Civil Rights, U. S. Department of Education, Federal Office Building, 1244 Speer Blvd., Suite 310, Denver, CO 80204-3582.

VOLUNTEER SIGNATURE

DATE

For School Use Only:

Principal Approval: _____ Classroom volunteer Athletic volunteer – AD Approval _____

For HR Use Only:

District parent/guardian/employee **OR** FP submitted: _____ FP Cleared: _____
Governing Board approval: _____ Comments: _____

A F F I D A V I T

STATE OF ARIZONA }
 } SS.
COUNTY OF SANTA CRUZ }

I, _____, being first duly sworn, do hereby certify the following:

Pursuant to A.R.S. §15-512(D), I swear that I am not awaiting trial on nor have I ever been convicted of or admitted in open court or pursuant to a plea agreement to committing any of the following criminal offenses or attempting to commit any of the following criminal offenses in the State of Arizona or similar offenses in any another jurisdiction:

- Sexual abuse of a minor.
- Incest.
- First or second degree murder.
- Kidnapping.
- Arson.
- Sexual assault.
- Sexual exploitation of a minor.
- Felony offenses involving contributing to the delinquency of a minor.
- Commercial sexual exploitation of a minor.
- Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
- Burglary in the first degree.
- Burglary in the second or third degree.
- Aggravated or armed robbery.
- Robbery.
- A dangerous crime against children as defined in section 13-705.
- Child abuse.
- Sexual conduct with a minor.
- Molestation of a child.
- Manslaughter.
- Aggravated assault.
- Assault.
- Exploitation of minors involving drug offenses.

I am not presently and I have never been subject to registration as a sex offender in the State of Arizona or in any other jurisdiction.

I swear or affirm to the truth of the above statements upon my oath this _____ day of _____, 20____.

Volunteer Signature

Signed and sworn to before me, a Notary Public, on the _____ day of _____, 20 ____.

Notary Public
My Commission Expires: _____, 20____

Confidentiality Agreement

Any student or employee information obtained while in the employment of the District, including informal conversations, is strictly confidential. Information should only be disclosed to parties within the district, as necessary. Unauthorized requests for disclosure of confidential information should be directed to the site/department administrator.

All District personnel, including substitute, temporary or volunteer personnel, must refrain from making comments about individual students or their families that convey private information, such as, but not limited to, grades, medical conditions, learning or discipline problems, family relationships or economic status, etc.

Student and personnel records are strictly confidential (Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g; 34 CFR Part 99). Student records can never be removed from the premises. Records must be kept locked at all times except when under review by an authorized person. Special education records must be kept under double lock (e.g., a locked file cabinet in a locked storage room). Do not make unauthorized copies of student records or give original student records to anyone, including parents. Do not let parents or any other unauthorized persons make copies of student files. Any questions or requests for records should be referred to the site/department administration.

I have read, understand, and will comply with the above statement. Failure to comply may result in immediate removal from the approved volunteer list.

Name (Please Print)

Date

Signature