



Dear Volunteer:

Thank you for your interest in sharing your valuable time with the National School District. We recognize that volunteer assistance in schools can enrich the educational program, increase supervision of students, and contribute to school safety while strengthening the school's relationship with the community. (BP1240)

Volunteer applications must be filled out each school year. Please turn in the completed packet to your school of preference. Volunteer packets are available at the schools and online at [www.nsd.us](http://www.nsd.us). Volunteer packets can take up to three (3) weeks for processing. Incomplete packets will not be processed.

Documents needed:

1. Volunteer Application
2. Volunteer Code of Conduct
3. Valid Driver's License or Picture ID
4. Verification of a negative Tuberculosis Test (TB) **within the past four years**. Please provide one of the following: (AR 1240; EC 49406)
  - a. Negative TB Skin Test Results
  - b. Negative Chest X-Ray Results (with a positive TB skin test)
  - c. Negative TB Blood Test IGRA, QFT-Plus, or T-Spot Results (with a positive TB skin test)
5. Volunteers, whether vaccinated against Covid-19 or not, are required to wear masks in accordance with district policies and current San Diego County guidance. Volunteers should notify the school if they are having symptoms and should not come to campus. Volunteers who test positive for Covid-19 after being on campus should notify the school immediately.

**Please Note:** Volunteers are screened through the Department of Justice's Megan's Law website. (AR 1240; cf. 3515.5)



# National School District - School Volunteer Application

**2023-  
2024**

**\*Must attach copy of valid driver's license or picture ID.**

School _____	Teacher _____	Grade _____
Student Name _____		Relationship to Student _____

Information provided on this form is confidential and will be used for school volunteer program purposes only.

Full Legal Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Mo/Day/Yr)

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have other children or grandchildren in school? \_\_\_ Yes \_\_\_ No

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Do you have volunteer experience? \_\_\_ Yes \_\_\_ No Where? \_\_\_\_\_

Individuals to contact in case of an emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any criminal charges pending against you? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a sex or drug related offense or crime of violence? \_\_\_ Yes \_\_\_ No

Are you required to register as a sex offender under Penal Code 290.95? \_\_\_ Yes \_\_\_ No

"I understand that the district may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not required, pursuant to Penal Code 290.95, to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Background check cleared by \_\_\_\_\_ Date \_\_\_\_\_ ML \_\_\_\_\_ SDDS \_\_\_\_\_ TB \_\_\_\_\_

Driver's License or Valid Picture ID# \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Application Denied/Date \_\_\_\_\_ Reason Denied \_\_\_\_\_



# School Volunteer – Code of Conduct

2023-  
2024

**As a volunteer, I agree to abide by the following code of volunteer conduct:**

1. Immediately upon arrival, I will sign in at the principal's office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will only use adult bathroom facilities.
4. I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
5. I will not solicit outside contact with students.
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit or that could be construed as any form of harassment.
11. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
12. I agree to follow all safety guidelines of the National School District including sign-in, wear a face covering and any additional requirements set forth by the District.
13. I attest that I will notify the school if I have symptoms and will not go to campus. Volunteers who test positive for Covid-19 after being on campus should notify the school immediately.

**I agree to follow the National School District Volunteer Code of Conduct at all times or cease student volunteering immediately.**

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
School Site Volunteering

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date