

**Silver Valley Unified School District - Volunteer Application**  
**2023 - 2024 School Year**

To ensure the safety of all SVUSD students and staff, individuals must go through the district's volunteer application process and be approved before beginning a volunteer assignment. Volunteers are individuals that will be on campus for more than (4) hours per month, including non-staff coaches, and chaperones for day and overnight field trips. (BP/AR 1240)

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

Please check one of the following:      ☐ New Volunteer      ☐ Returning Volunteer

Name of children: \_\_\_\_\_

PLEASE INDICATE WHICH SCHOOL SITE(S) YOU WOULD LIKE TO VOLUNTEER AT:

☐ Alternative Education Center      ☐ Fort Irwin Middle School      ☐ Lewis Elementary School  
☐ Newberry Springs Elementary School      ☐ Silver Valley High School      ☐ Tiefort View Intermediate School      ☐ Yermo School

Home Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street /P.O. Box City State Zip Code

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?      Yes ☐      No ☐

If yes, explain: \_\_\_\_\_

REQUIREMENTS THAT MUST BE MET PRIOR TO VOLUNTEER WORK:

- \* Current Tuberculosis (TB) Assessment Certification or test.
- \* Checked against The Registered Sex Offenders list.
- \* Signed Expectations for Volunteers agreement.
- \* Cleared Fingerprinting
- \* Meet with Site Administrator to sign expectations form

Date of last TB assessment/test: \_\_\_\_\_

**Please note: TB assessments or TB tests must be repeated every four (4) years**

PLEASE ATTACH A COPY OF YOUR TB ASSESSMENT OR TEST RESULTS.

ONCE THE SCHOOL ADMINISTRATOR RECEIVES YOUR APPLICATION; IT WILL BE SENT TO THE HUMAN RESOURCES DEPARTMENT FOR REVIEW.

- \* HR Department will call to schedule an appointment for fingerprinting at the district office. The results are generally received within one week.
- \* You need to have fingerprinting done regardless of clearance (Federal, State, County, Local Government, Military, Other School Districts, etc.).

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**PLEASE HAVE THE ADMINISTRATOR OF EACH SITE THAT YOU WOULD LIKE TO VOLUNTEER FOR SIGN BELOW**

Administrator/Site: \_\_\_\_\_

Administrator/Site: \_\_\_\_\_

Administrator/Site: \_\_\_\_\_

Administrator/Site: \_\_\_\_\_

**Photo and/or Media Release**

SVUSD may include your photograph, video camera recordings, and interview comments to various organizations/associations connected with SVUSD for educational and promotional purposes, i.e. yearbook, newsletters, bulletin boards, websites, video presentations.

☐ May be interviewed and/or photographed

☐ May NOT be interviewed and/or photographed

**Volunteer's Application Agreement**

I have read and understand the attached code of conduct. I agree to abide by the code of conduct and to follow the directions given to me by the supervising certificated employee. I further understand if I do not abide by the code of conduct I may be held personally liable and responsible for my actions and I will not be allowed to continue volunteer services for Silver Valley Unified School District.

\_\_\_\_\_  
Volunteer's Name (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone Number

**\*\*\*School/District Use Only\*\*\***

☐ Volunteer Application

☐ Verification of TB Clearance

☐ Megan's Law

☐ Copy of Photo ID

☐ Signed Volunteer Code of Conduct

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed on: \_\_\_\_\_

☐ Approved

Prints Cleared on: \_\_\_\_\_

☐ Not Approved