



Dear Parents,

Thank you for volunteering at Bella Mente Montessori Academy. We appreciate your time and talents. Below you will find a checklist of items we need from you before you can start volunteering. Please complete these items and turn them in to Brandy Albanese at the Front Desk. We require an orientation for our first year parents as part of the volunteer packet. Orientations are held the first Wednesday of every month at 9:30 AM and 6:00 PM.

- School Volunteer Application (attached)
- Volunteer Code of Conduct (attached)
- Request for LiveScan (attached)
 - Copy of completed LiveScan turned in with packet _____
- Copy of Photo ID _____ (exp. Date)
- TB Test Results Proof _____ (exp. Date)

**The following documents are also required if you plan to be a parent volunteer driver.

- Volunteer Driver Transporting Students Form (attached)
- Driver Record Request <https://www.dmv.ca.gov/online/dr/welcome.htm>
- Copy of Car Registration
- Copy of Car Insurance

Thanks again. If you have any questions, feel free to contact Brandy Albanese at 760-82-9501 or by email at balbanese@bellamentecharter.org



Bella Mente Montessori Academy

SCHOOL VOLUNTEER APPLICATION

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

DATE: _____

FULL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ HOME PHONE: _____ WORK PHONE: _____
(Mo/Day/Yr)

DRIVER'S LICENSE: (Photocopy Driver's License and Attach)

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN THE SCHOOL? Yes No

WHAT GRADES AND TEACHERS? _____

VOLUNTEER EXPERIENCE- _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

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 violence? Yes No
Mental Health License or Credential? If Yes, # _____ 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 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."

Print Name: _____ Signature: _____

Date: _____

For Office Use Only: Megan's Law Check- Date _____ Initial _____ TB check- Date _____ Initial _____



Volunteer Code of Conduct

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

1. Immediately upon arrival, I will sign in at the front desk or designated space.
2. I will wear or show a volunteer identification at all times.
3. I will only use the adult bathroom facility located on the first floor of the two story building.
4. I agree to never be alone with individual students.
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, email 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 written permission of parents or guardians or without the expressed permission of the school.
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 not to engage in violent behavior, smoking, alcohol or controlled substance use, or possession of explosives or weapons while on school campus.
12. I agree only to do what it is in the best personal and educational interest of every child with whom I come into contact.
13. I agree to report to the appropriate Bella Mente personnel when a student is in danger of hurting him/herself or others or being hurt by someone else.
14. I agree to treat all school personnel and students with dignity and respect.

I agree to follow the Bella Mente Volunteer Code of Conduct at all times or cease student volunteering immediately.

PARENT SIGNATURE

DATE

1737 West Vista Way, Vista, CA 92083

Phone: (760) 820-9501 :: Fax: (267) 427-8253

www.bellamentecharter.org



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

AG949
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Bella Mente Charter School
Agency Authorized to Receive Criminal Record Information

18142
Mail Code (five-digit code assigned by DOJ)

1737 West Vista Way
Street Address or P.O. Box

Erin Feeley
Contact Name (mandatory for all school submissions)

Vista CA 92083
City State ZIP Code

7608209501
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



VOLUNTEER DRIVER TRANSPORTING STUDENTS IN PRIVATELY OWNED CARS ON SCHOOL SPONSORED TRIPS

NAME OF STUDENT OF DRIVER

TEACHER'S NAME

I hereby offer to provide transportation for students of Bella Mente Montessori Academy hereby known as BMMA for one or more school sponsored trips during the school year. In making this offer, I understand the following:

1. BMMA carries liability insurance covering all school-sponsored activities. In the event of a vehicle accident, however, coverage is provided by the volunteer driver's own automobile insurance.
2. The school does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students.
3. Volunteer drivers must be at least 21 years of age and must possess a current, valid California driver's license to operate this vehicle.
4. Volunteer drivers certify that their vehicle is in safe operating condition.
5. Volunteer drivers must carry minimum liability insurance coverage on their automobile of not less than the following amounts:

Bodily injury.....\$100,000 per occurrences/\$300,000 combines limit
 Property damage.....\$50,000
 Medical payment\$5,000

6. Volunteer drivers must provide BMMA with proof of this automobile liability insurance.
7. Volunteer drivers must provide documentation of a current driving record that verifies, if applicable, points or accidents. Acceptable documentation consists of either an insurance renewal which validates of driving record of one point or less or a DMV printout that reflects a driving record of one point or less.
8. Volunteer drivers and/or the owner of the vehicle have primary responsibility for liability. The liability insurance of the volunteer drivers will be deemed the primary liability insurance for claims purposes.
9. Volunteer drivers agree to drive in a safe and cautious manner and to notify the school district immediately in the event of accident or injury of any type.
10. Volunteer drivers shall have a first aid kit in their possession, or immediately available.
11. Volunteer drivers will carry no more passengers that their vehicle is designed to carry. In no case may volunteer driver carry more than eight passengers plus the driver.
12. All passengers and the driver will wear shoulder restraint seat belts.
13. No driver shall transport on a highway any child in a motor vehicle without properly securing the

child in a child car seat or booster seat. meeting applicable federal motor vehicle safety standards unless the child is at least one of the following:

- Eight years of age or older,
- Children under the age of eight who are 4'9" or taller may be secured by a safety belt in the back seat

14. Volunteer drivers with cars having air bags on the passenger side should not have a child under the age of 12 years or under 40 pounds riding in the front seat.

15. Volunteer drivers offering to provide transportation for students for one or more school sponsored field trips during the school year acknowledge their responsibilities as indicated in this notice and will acknowledge receipt by signing and returning a copy of the notice.

16. BMMA reserves the right to decline offers of assistance from parents, guardians, and other volunteers, including but not limited to driving.

17. Volunteer drivers, by their signature below, waive all claims against BMMA for injury, accident, illness, or death occurring during or by reason of the field trip.

18. Volunteer drivers shall defend and indemnify BMMA against all claims, actions, or lawsuits arising out of the negligence of the volunteer driver.

I understand that I am not covered by BMMA liability insurance policy. I hereby acknowledge I have insurance coverage that meets or exceeds the minimum coverage stated above. I have read, understand, and agree to the district regulations on both the front and back of this form and have attached to this form the declaration page of my Insurance policy showing the above minimum amounts of insurance coverage and the expiration date of my insurance.

Signature of Vehicle Owner/Driver

Date

Print Name of Vehicle Owner/Driver

Address

Driver's License Number

Exp. Date

Telephone Number

Insurance Carrier

Policy Number