















## School Volunteer Procedures/Checklist

Procedures for all volunteers are as follows:

- Read BMA's Volunteer Handbook (*available online*)
- Sign the Volunteer Handbook Acknowledgement Form (*completed online*)
- Read and sign the School Volunteer Procedure/Checklist (*completed online*)
- Complete School Volunteer Application Form (*completed online*)
- Read and sign the Volunteer Guidelines and Agreement Form (*completed online*)
- Read and sign the Volunteer Confidentiality Agreement (*completed online*)
- Provide a valid CA issued driver's license/ID Card
- Complete a Criminal Background check with Live Scan
- Obtain a TB Risk Assessment from a medical professional (or test results if a past positive test)
- Online trainings are required by our insurance for volunteers: Sexual Abuse prevention(both adult-to-adult and adult-to-student), bloodborne pathogens, and mandatory reporter, Playground Supervisor (if volunteer to supervise)
- New Volunteer Training
- Playground Supervisor training (Only applicable for "Yard Supervision")

A. All volunteer work is done under the direction of an assigned teacher, site volunteer coordinator, or Principal. Volunteers must comply with the sign-in/out procedures at the school site and other terms and conditions of the current school year Volunteer Handbook.

B. Volunteers do not receive compensation, health benefits, or worker's compensation. An accident insurance policy covers medical costs associated with volunteer injuries (up to a limit of \$25,000). This accident insurance policy is secondary if the volunteer has health insurance. Additionally, section 35330 of the California Education Code contains the following statement of immunity in favor of the school when students or volunteers are participating in field trips: "All persons making the field trip shall be deemed to have waived all claims against the charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

I have read and acknowledged the information contained in paragraphs A. and B.

By: \_\_\_\_\_  
Volunteer Signature

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

Printed Name: \_\_\_\_\_



## School Volunteer Application Form (Confidential)

Name: \_\_\_\_\_  
Last First Middle Maiden Name/Other Names Used

Residence Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: ( \_\_\_\_\_ ) Work or Mobile Telephone: ( \_\_\_\_\_ )

Emergency Contact Name and Phone: Name: \_\_\_\_\_ ( \_\_\_\_\_ )

Health Insurer and Policy # \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ CA Driver's License or ID Card: Yes ( ) No ( ) Number: \_\_\_\_\_

Length of residence in county? \_\_\_ yrs \_\_\_ mnths

Previous Address (if less than 5 years): \_\_\_\_\_

Physical Limitations: Yes ( ) No ( ) Explain: \_\_\_\_\_

Relationship to any student(s) or staff members at school? Yes ( ) No ( )

Name of staff member \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Do you have children or grandchildren in BMA? Yes( ) No( ) If yes, please complete section(s) below

\_\_\_\_\_  
Name Grade Level Teacher

\_\_\_\_\_  
Name Grade Level Teacher

\_\_\_\_\_  
Name Grade Level Teacher

Have you **EVER** been convicted of any sex offense for which you must register with any Law Enforcement Agency pursuant to Penal Code Section 290? Yes ( ) No ( )

Do you have any criminal charges pending against you? Yes ( ) No ( ) If yes, please list: \_\_\_\_\_





# Bella Mente Academies

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Have you ever been convicted of a felony? Yes ( ) No ( ) If yes, please list: \_\_\_\_\_

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Have you ever been convicted of a sex or drug-related offense or crime violence? Yes ( ) No ( )

Mental Health License or Credential? Yes ( ) No ( ) If Yes, # \_\_\_\_\_

I certify under penalty of perjury that the foregoing statements are true and complete, and I authorize Bella Mente Academies to complete a background check as a condition of school volunteer service, as provided by the California Education Code 45125.5

I understand that I will not receive any compensation or salary, or any other health or retirement benefits, or workers' compensation insurance coverage during this volunteer assignment. I agree to waive all claims against the Bella Mente Academies and hold the Bella Mente Academies, its officers, agents, employees, authorizer, and volunteers harmless from any and all liability or claims which may arise out of or in connection with my participation in this volunteer activity.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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



## Volunteer Guidelines and Agreement

1. Immediately upon arrival, I will check in at the main office and obtain a name tag.
2. Volunteers will follow all policies, procedures and other rules established by the school and all applicable laws.
3. Volunteers must wear the provided name tag and will show volunteer identification whenever required by the school to do so.
4. Volunteers must follow the appropriate dress code applicable to staff.
5. Volunteers cannot smoke in any school facility or building or within 50' of a school building.
6. Volunteers will not lend money and/or bring gifts to students or staff, unless authorized by the school principal or designee.
7. Volunteers will not transport students unless they have been given express permission to do so by the school principal and have provided the appropriate insurance and driving record verification. Do not put yourself in the position of being alone with any student in any vehicle.
8. Volunteers must not be alone with students in unsupervised areas of the campus or activity location and shall abide by school policy regarding the touching of students.
9. Volunteers will not have access to student educational records. All volunteers will sign a confidentiality agreement.
10. Volunteers will not photograph or videotape students unless authorized by the principal or designee.
11. Volunteers will not dress/undress or provide personal hygiene assistance, or supply medication to students.
12. Volunteers should not exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of your role as a volunteer.
13. Volunteers will use universal precautions to avoid contact with bodily fluids.
14. Volunteers will use only "adult" designated restrooms.



15. Volunteers can monitor student behavior; however, if a situation is serious, the volunteer should seek immediate assistance from school personnel.
16. Volunteers will not discriminate against or harass any person and will report all harassment or discrimination observed, in accordance with school policy.
17. Volunteers will not search students or student property.
18. Volunteers will make every reasonable effort to make sure that the school's technology resources are used appropriately and responsibly.
19. Volunteers will make themselves familiar with and agree to follow the school's evacuation and lockdown procedures.
20. Volunteers will not direct a student to remove an emblem, insignia, or garment including a religious emblem, insignia, or garment. If the volunteer believes a student's clothing is disruptive or promotes disruptive behavior, the volunteer will contact a staff member immediately.
21. Volunteers must report suspected cases of abuse or neglect to the school administrator or professional staff.
22. The school administrator or designee will provide appropriate training for all volunteers.
23. Volunteers understand that the school will not be responsible for lost or damaged personal items brought to school by the volunteer. You are discouraged from bringing valuables to school.
24. Volunteers understand that the school reserves the right to decline their volunteer services at any time.
25. Volunteers shall not be in possession of or under the influence of, alcoholic beverages and/or illegal drugs, or in possession of firearms while serving in a volunteer capacity.
26. Volunteers shall not use obscene or discriminatory language at school or at any school event.

I, \_\_\_\_\_ have read and agree to abide by the above guidelines.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Volunteer Confidentiality Agreement

**In accordance with federal law, all school volunteers are expected to maintain confidentiality while working at the school.** All things that are seen and heard at school about employees or children and their families should be considered privileged/confidential information. Trust must be established and maintained in order for our volunteer program to be successful. Volunteers can strengthen the bond between themselves and the school by following these guidelines:

- Treat all student and employee information as personal and confidential regardless of the source.
- Communicate relevant information about students only to the respective classroom teacher or principal/principal designee.
- Seek clarification of unusual situations that occur in the school from the person(s) involved and avoid discussing such matters with others unless so directed by the assigned teacher or principal/principal designee.
- Retain a sense of perspective regarding comments heard and actions observed.
- Understand that not all information can and will be shared with volunteers, due to legal considerations including state and federal law.
- Deal impartially with students regardless of background, intelligence, physical or emotional maturity.
- Do not discuss student progress or behavior with the parent. All relevant information should be referred to the teacher or the principal. Direct all inquiries about students to the professional staff.
- Speak constructively of all school staff; however, report difficulties involving the welfare of students or the school to the principal.
- Do not discuss confidential information with anyone. This information includes, but is not limited to:
  - Scholastic and health records
  - Test scores and grades
  - Discipline and classroom behavior
  - Character traits of children
  - Supports and services a student may receive
- All volunteers are required to sign a statement of confidentiality.

**Discipline:** Discipline of students is solely the responsibility of the teacher in charge. Volunteers should under no circumstances discipline students. Should students misbehave in your presence, you should report this immediately to the teacher in charge. The teacher will then determine the necessary course of action. Also note that we expect students to treat volunteers with the same level of respect given to other school personnel. If you feel that students are not being respectful towards you, do not hesitate to discuss the matter with the teacher or principal.



**While all student information should be treated confidentially** and sharing student information with others may be a violation of the law, do not make a promise to a student that you will keep confidential any information that pertains to the welfare of the student(s). Although the student is free to share confidential information with you, there are certain things you are required by law to tell the principal or school administrator. Any personal information learned from a student, should be held in strictest confidence **except:**

1. If a student confides that he or she is the victim of sexual, emotional, chemical, or physical abuse (including bullying and cyberbullying).
2. If a student confides that he or she is involved in any illegal activity.
3. If a student confides that he or she is considering homicide or suicide.

Should one of these exceptions arise, you are required by law to immediately notify the school principal or designee. Remember, the information is extremely personal and capable of damaging lives, so do not share it with anyone (including other school staff members) except the principal or designee, or other appropriate authorities. If you have questions, please ask the principal. Any needs of students communicated to the volunteer should be referred to the appropriate staff person.

**Volunteer Statement of confidentiality:**

I, \_\_\_\_\_, understand that in the course of my association with Bella Mente Academies, I am responsible for maintaining the confidentiality of all employee and student information (both written and verbal) that may become known to me during the course of my volunteer activities. Student information is protected by the Family Educational Rights and Privacy Act (FERPA).

I further understand that in the performance of my volunteering, I am not to discuss academic or other confidential information regarding students or employees with anyone, including the parents of any student. Any breach of confidentiality will be carefully reviewed and if substantiated may result in termination of any and all volunteer involvement with the school and may be reported to the proper authorities.

I acknowledge that I have read and understand this statement of confidentiality.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

### Applicant Submission

AG949  Parent Volunteer   
ORI (Code assigned by DOJ) Authorized Applicant Type

Parent Volunteer   
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  18142   
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
1737 West Vista Way  Erin Feeley   
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Vista  Ca  92083   
City State ZIP Code Contact Telephone Number (760) 621-8948

### Applicant Information:

Last Name  First Name  Middle Initial  Suffix   
Other Name  Last  First  Suffix   
(AKA or Alias) Last  
Date of Birth  Sex  Male  Female  
Height  Weight  Eye Color  Hair Color   
Place of Birth (State or Country)  Social Security Number   
Home Address  City  State  ZIP Code   
Driver's License Number   
Billing Number  (Agency Billing Number)  
Misc. Number  (Other Identification Number)

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

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (If needed) - Requesting Agency



## **Volunteer Checkoff List**

**FOR OFFICE USE ONLY**

School Year: \_\_\_\_\_

### Requirements for parent volunteers

- A signed Volunteer Handbook Acknowledgement Form
- A signed School Volunteer Procedures/Checklist
- A completed School Volunteer Application Form
- A signed Volunteer Guidelines and Agreement Form
- A signed Volunteer Confidentiality Agreement
- A copy of CA Drivers License or CA Identification Card
- Live Scan **(for new parent volunteers ONLY)**
  - A completed Live Scan Fingerprinting (paperwork from other Districts not accepted)
    - DOJ for on-site volunteers ONLY
    - DOJ and FBI for on-site and overnight volunteers
- TB Risk Assessment administered by a health care provider every four years or test results if past positive result
- Online trainings are required by our insurance for volunteers: Sexual Abuse prevention(both adult-to-adult and adult-to-student), bloodborne pathogens, and mandatory reporter, Playground Supervisor (if volunteer to supervise)
- New Volunteer Training
- Playground Supervisor Training (Only applicable for “Yard Supervision”)

Completed By: \_\_\_\_\_

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