



Chico Unified School District
Application for Volunteer Services
Shasta Elementary
School Year:2022-23

Shasta Elementary
 169 Leora Court
 Chico, CA 95973
 530-891-3141
 530-891-3239

I. Volunteer Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Home Cell Work Other

Email Address: _____

If you are related to a child in the school, please list below:

Name of child:	Grade/Teacher:	Relationship to child:
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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In Case of Emergency (please list two people to notify in case of emergency):

Name #1: _____ Phone Number(s): _____

Name #2: _____ Phone Number(s): _____

II. Volunteer Position(s)

Volunteer Position (check all that apply):

SPECIAL EVENT(S) | Name of Event(s) _____

CLASSROOM/ON-CAMPUS VOLUNTEER | **Required:** Valid Tuberculosis Clearance

FIELD TRIP DRIVER | **Required:** Field Trip Driver Form, Copy of Driver's License & Copy of current Auto Insurance Declaration

COACH | **Required:** Valid Tuberculosis Clearance, Fingerprint/Criminal Background Check, Valid CPR & First Aid Certificates, Clearance from District Level Designee

INDIRECTLY SUPERVISED | **Required:** Fingerprint/Criminal Background Check (If this volunteer position is long-term, a Valid Tuberculosis Clearance is also required)

If volunteering/driving for a specific sport(s), please list here:

III. Volunteer Agreement

I, _____, have requested authorization to service as a volunteer worker without pay for the Chico Unified School District. I certify that I am qualified to serve in the above capacity and classification as a safe worker due to prior experience and training.

The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for property damage, personal injury, illness (including, but not limited to, COVID-19), or wrongful death occurring to him/herself arising as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF THE PARTICIPANT BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE

The undersigned, for himself/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the District, he/she shall indemnify and save harmless the same District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity described above, and is fully aware of the legal consequences of signing the within instrument.

Signature (Applicant)

Date

COVID-19 GUIDELINES

By signing, I certify that I will follow COVID-19 protocols as specified by Chico Unified School District while volunteering, including but not limited to, facial covering requirements and prompt notifications to sites regarding exposure to COVID-19 and/or positive test results.

Signature (Applicant)

Date

IV. Affidavit Affirming No Criminal Record

I hereby certify that I have not been charged with or convicted of a violent or serious felony as defined in California Education code 45122.1. I understand that for the purposes of this affidavit, a person is deemed to be arrested and/or convicted of committing a felony or misdemeanor if such person has been arrested or convicted under the laws of any state, the United States, or any territory subject to the jurisdiction of the United States. In addition, I understand that convicted means a conviction by a jury or court and also includes the forfeiture of any bail, bond, or other security deposited to secure the appearance by a person charged with a felony or misdemeanor, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the court.

I declare under penalty of perjury that the foregoing is true and correct.

Signature (Applicant)

Date

For Office Use Only

Volunteer Services Application approved: Yes No

Principal/Designee Signature: _____ **Date:** _____

Coach Approved: Yes No _____ **Date:** _____

Signature of District Level Designee



Chico Unified School District

Field Trip Driver Form

Shasta Elementary

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530-891-3141
Fax: 530-891-3239

A. Private Vehicle Use Guidelines

Drivers and private vehicles being operated for Chico Unified School District purposes must meet or exceed the following guidelines:

1. All drivers must be approved by the school or site administrator.
2. The driver must be at least age 21 to drive for business purposes and age 25 if transporting students, possessing a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
3. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
4. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
5. The vehicle will be in excellent condition and repair.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed.
7. No one may transport more than nine passengers plus the driver in any vehicle.
8. All occupants must wear seat belts whenever the vehicle is in motion.
9. All occupants must wear a face covering while in the vehicle.
10. All students who are less than 8 years of age or under 4'9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
11. The use of cell phones, pagers, or other electronic devices while driving is prohibited.
12. Smoking a pipe, cigar or cigarette in the vehicle is prohibited.
13. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
14. The driver must have an acceptable driving record as determined by the Chico Unified School District policy. The Chico Unified School District reserves the right to require a current K-4 Driver Records and/or accident reports for determination of driver eligibility.
15. Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on Chico Unified School District business and involved in an accident, by law your liability insurance policy is used first. The Chico Unified School District liability policy would be used only after your policy limits have been exceeded.

Minimum liability limits of insurance required are:

Bodily Injury \$100,000 each person; \$300,000 each occurrence
Property Damage \$ 50,000 each occurrence

Or

Combined Single Limit \$300,000 each occurrence

16. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

B. Private Vehicle and Driver Information

DRIVER INFORMATION

Driver Child's Name(s): _____

Teacher's Name(s): _____

School Site(s): _____

Driver's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Driver's License#: _____ Expiration Date: _____

VEHICLE INFORMATION

Owner's Name: _____ Make: _____ Year: _____

Address: _____ License Plate Number: _____

City: _____ State: _____ Zip: _____ Registration Expiration: _____

Seating Capacity: _____ Number of Seatbelts: _____ # of Booster/Child Restraint Seats, if applicable: _____

DRIVING RECORD

Have you had a valid California Driver's License during the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Based on the Driving Record Table below, does your driving record meet the criteria of an "Acceptable Driver"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Minor Violations (within past 3 Years) include any moving violation that is not a major/serious violation as shown in this Table. (*Examples of minor violations include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed.*)

Number of Minor Violations Within Last 3 Years	Number of At-Fault Accidents Within Last 3 Years			
	0	1	2	3 or more
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable

License Suspension or Revocation (within past 3 Years)

Unacceptable

Major/Serious Violations (within past 5 Years)

- Failure to stop in the event of an accident (Hit and Run)
- Driving under the influence of alcohol or drugs or with open container
- Refusing to take a substance/chemical test
- More than one dismissal of a conviction relating to controlled substances
- Reckless/Careless Driving
- Homicide or Manslaughter or using vehicle in connection with a felony
- Evading a Peace Officer or resisting arrest
- Driving the wrong way or in the incorrect lane on a divided highway
- Driving in excess of 100 mph
- Racing/Speed contests
- Passing a stopped school bus

Unacceptable

C. Insurance Information for Vehicle Listed

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Bodily Injury Limit \$ _____ **Min. 100K** each person and \$ _____ **Min. 300K** each occurrence

Property Damage Limit \$ _____ **Min. 50K** each occurrence

-OR-

Bodily Injury and Property Damage Liability, Combined Single Limit \$ _____ **Min. 300K** each occurrence

D. Verifications

PLEASE ATTACH THE FOLLOWING:

1. Copy of Driver's License
2. Copy of Current Auto Insurance Declaration

E. Acknowledgments

DRIVER ACKNOWLEDGEMENT

I certify the above information is correct and agree to advise the Chico Unified School District or School Name, in writing, of any changes in the above information. I have read and understand the Private Vehicle Use Guidelines.

Print Driver's Name: _____

Driver's Signature: _____ Date: _____

REGISTERED OWNER ACKNOWLEDGEMENT

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force, as set forth above, and agree to advise the Chico Unified School District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claim for damage. The Chico Unified School District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Print Registered Owner Name: _____

Signature of Registered Owner: _____ Date: _____

Authorized Driver's Name (if different from owner): _____

For Office Use Only

Field Trip Driver Form approved: Yes No

Principal/Designee Signature: _____ Date: _____

COVID-19 Vaccination Attestation Form for VOLUNTEERS



Chico Unified School District (CUSD) volunteers can use this form to attest to their COVID-19 vaccination status. CUSD follows the California Department of Public Health safety guidance. Please contact the site administrator with questions or concerns.

Individuals are considered “**fully vaccinated**”:

- Two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) **or**
- Two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

Volunteer COVID-19 Vaccination Status Attestation

Name: _____ School Site: _____
(Please Print)

Fully Vaccinated CUSD Volunteer Attestation

By completing this attestation, you may be able to avoid quarantine if exposed to an individual who tests positive for COVID-19.

I am **fully vaccinated** for COVID-19.

Date of final COVID-19 vaccine dose: _____

(Please provide proof of vaccination)

Not Fully Vaccinated or Prefer not to Disclose Volunteer Attestation

By completing this attestation, you acknowledge volunteer services will only be approved if a **printed** copy of a COVID-19 rapid antigen test or PCR test is provided on a weekly basis. **Home testing will be accepted.**

**Testing is ONLY required for regularly scheduled volunteer positions (scheduled two or more days per week) when proof of vaccination is not provided. Testing is not required for Volunteer Drivers, Special Events or Volunteers helping only one day per week.*

I am **not fully vaccinated** for COVID-19.

I **choose not to disclose** my vaccination status*.

By signing, I certify that I have provided accurate information and truthfully completed this form.

Signature

Date