

UNION HILL SCHOOL DISTRICT VOLUNTEER APPLICATION FORM

Name: _____
First
Last

Home Telephone: _____ Cell: _____

California Driver's License Number: _____ Expiration date: _____

Emergency Contact(s)

1. _____ Telephone no: _____

Please list: Children(s) name(s)	Grade(s)	Teacher(s) name(s) in this school
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your relationship to the above listed student(s) _____

Volunteer Roles of Interest:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Academic Classroom | <input type="checkbox"/> Field Trips | <input type="checkbox"/> After School Tutoring |
| <input type="checkbox"/> Classroom Activities | <input type="checkbox"/> Other: _____ | |

Have you ever been convicted of a felony? Yes: _____ No: _____

If yes, please attach an explanation of when, where, and disposition of the case(s). A conviction may not necessarily disqualify you from serving at our school. *Education Code 35021 provides that when a person who is required to register as a sex offender pursuant to Penal Code section 290, shall not serve as a volunteer.*

I have read and agree to abide by the expectations and requirements for volunteering to work with school-aged children.

Signature: _____ date: _____

Initial Here



TB Test Expiration Date: _____ PLEASE ATTACH PROOF OF CURRENT TB TEST TO THIS FORM.

I have received the Schools Insurance Group (SIG) workers compensation notification (on back of form) _____ (initial)

Office Use Only

() Megan's Law (<http://meganslaw.ca.gov>) Date Checked: _____

() Workers Compensation Information Receipt completed

Volunteer Approved: Yes _____ No _____ If no, reason: _____

Principal's signature: _____ Date: _____

IMPORTANT! READ AND INITIAL UNDER ARROW ON FRONT PAGE



2018--2019

**Important Information for
All School District Volunteers**

RE: Workers' Compensation and Medical Provider Network (MPN)

This letter is to inform you that School district Volunteers are covered by Workers Compensation through Schools Insurance Group.

Workers Compensation Carrier is AIMS, www.aims4claims.com.

Medical treatment is authorized through a State-approved Medical Provider Network that is administered by Allied Managed Care www.alliedmanagedcare.com/mpn . The Network was implemented as part of our Workers' Compensation Benefits for our pool employees and volunteers to insure that immediate quality care is provided should an injury occur during the course of employment or during a volunteer event.

This information is also posted at your site where all other Employment related postings are located, if you need to know the location for the postings ask your site administrator.

In the event of an accident or injury, please contact your school site administrator or the District Office immediately. Your district will authorize medical treatment for you at one of our designated clinics. If there is a serious after-hours injury, you may go to the nearest Emergency Room for treatment, and call the district office as soon as you are able.

550 High Street, Suite 201 * Auburn, CA 95603-4712 * (530) 823-9582 * Fax (530) 8233101