





VOLUNTEER HANDBOOK




 182 E. Walnut Ave., Rialto, CA 92376

 Phone: (909) 820-7700, ext. 2400

 Monday - Friday, 7:30 AM to 4:30 PM

info@rialtousd.org 

www.rialtousd.org 

Mission

The mission of the Rialto Unified School District, the bridge that connects students to their future aspirations, is to ensure each student achieves personal and career fulfillment within a global society, through a vital system distinguished by:

- High expectations for student achievement
- Safe and engaging learning environments
- Effective family and community involvement
- Learning opportunities beyond the traditional school setting
- Appreciation of cultural diversity

Beliefs

We believe that...

- Everyone has unique talent
- There is unlimited power in all of us
- All people have equal inherent worth
- Diversity is strength
- Each person deserves to be treated with respect
- High expectations lead to high achievement
- Risk is essential for success
- Common goals take priority over individual interest
- Integrity is critical to trust
- Honest conversation leads to understanding
- Music is the universal language
- A strong community serves all of its members
- Everyone has the ability to contribute to the good of the community



Parameters

- We will make all decisions in the best interest of students
- We will honor the worth and dignity of each person
- We will hold the highest expectations of everyone
- We will assert the unlimited potential of every student
- We will practice participatory decision-making throughout the district

Welcome Volunteers

The volunteer program in Rialto Unified School District is designed to encourage parent volunteers to make a difference in the lives of others. Education is a team effort, and volunteers are a very inviting and purposeful part of the school team. Involvement on our campus shows our students and staff that you care, that you value them as young adults, and that you want to help them succeed and be the best they can be.

Who can volunteer?

A person who is at least 18 years old. A volunteer may be a parent/guardian, District employee (outside the scope of employment), or community member who submits an annual application. All volunteers must be approved by the District to participate in the program, prior to providing any service (A volunteer renders service to the District and its programs without receiving remuneration monetary compensation etc. of any kind).

It is our vision that this RUSD Volunteer Handbook will serve as a reference for our volunteers. These guidelines have been established to provide a highly effective volunteer program that ensures a safe environment for you, the students, and our staff members.

Definition of a Volunteer

A school volunteer is a person who is willing to take time to share their wisdom and experience with those on the threshold of the future: our students. A school volunteer helps to expand and enrich our students' learning experiences by working under the direction of school leaders.

Getting Started

There are two types of volunteers: Level 1 and Level 2. The level is determined by the type of contact a volunteer will have with students.

1

LEVEL 1 VOLUNTEER

A Level 1 Volunteer may have direct student contact with supervision of students. These volunteers have contact with students at school events, field trips and excursions, usually as chaperones. Any overnight field trip does require that a volunteer be at least 21 years of age.

2

LEVEL 2 VOLUNTEER

A Level 2 Volunteer may have contact with students, but under "The direct" supervision of a District employee (classified or certificated) on campus at the discretion of a site administrator.



To become a volunteer, the following must be completed:

- Volunteer Application Form with a proof of identification, such as a California Driver's License, California ID, etc. or see volunteer application for acceptable forms of identification (Appendix A). Official Volunteer Application Form are available at each school.
- A negative TB (tuberculosis) test clearance taken within the last 60 days of initial service and every four years thereafter (AR 1240), from a family physician, the District Health Services Department or other health clinics (Appendix B)
- A background check and fingerprinting through the District's Personnel Department. Livescan and background check clearance are a necessary requirement to ensure the welfare and safety of our students (Level 1 Volunteers, only). Fingerprinting is available by appointments only, at the Rialto Unified School District's Personnel Department, located at the Dr. John R. Kazalunas Education Center, 182 East Walnut Avenue, Rialto CA 92376. For more information, please call the Personnel Department at (909) 820-7700, ext. 2400.
- **Individuals who are registered sex offenders are prohibited from participating as volunteers, per Education Code 35021.**



Expectations

The District Strategic Plan requires high expectation of everyone. Volunteers are expected to exhibit proper decorum, good manners, and respect and kindness towards children and adults, alike. Volunteers are not a “peer or buddy” to students, as children are best served when grown-ups demonstrate maturity and responsible behaviors. Volunteers serve at the discretion of the administrator, teacher or other supervisor(s) and should not substitute their own personal judgment for that of the supervisor. By volunteering with the Rialto Unified School District, you have a responsibility to the District, and to your fellow volunteers, to adhere to professional and polite expectations.

Please check the following expectations for your understanding:

- Always report any suspected child abuse to the Principal/Designee immediately
- Supervise students at all times
- Develop a partnership with an assigned teacher or staff member
- Dress according to RUSD acceptable dress code
- Wear your assigned identification badge at all times, when volunteering
- Follow the school's protocols
- Review the school's emergency disaster, fire and evacuation procedures
- Become familiar with the Parent Information Brochure, and Volunteer Handbook
- Abide by all applicable school rules and District policies and regulations
- Maintain a drug-free workplace. Employees and volunteers are prohibited from being intoxicated or under the influence of controlled substances while volunteering
- Use only adult bathroom facilities
- Agree to “not” exchange telephone numbers, home addresses, or email addresses, (including social network information) with any students - for any purpose
- Refrain from disclosing or publishing students photographs or personal information about students, self, or others
- Refrain from soliciting or selling products, services, etc., on District property without the prior written approval of the Superintendent or his/her designee
- Refrain from placing your hands on students



SCHOOL VOLUNTEER APPLICATION

RIALTO UNIFIED SCHOOL DISTRICT

182 East Walnut Avenue
Rialto, CA 92376-3598
(909) 820-7700 ext. 2400

New Renewal

School Year _____

LEVEL 1

LEVEL 2

Volunteer's Name: _____
(First Name) (Middle Initial) (Last Name) Date of birth _____

Address: _____
(Number and Street) (City) (Zip Code) Home phone number _____

Last 4 digits of Social Security Number: _____
Cell phone number _____

Are you a Rialto U.S.D. Employee? _____ Yes _____ No

Individuals who are recommended and approved to provide Level 1 volunteer assistance in the Rialto Unified School District are subject to the provisions of Education Code 35021 and Health and Safety Code 1596.871, which restrict individuals convicted of specified sex offenses, controlled substance offenses, and serious/violent crimes from serving as Level 1 volunteers. As such, the Rialto Unified School District adopted Board Policy 1240, which requires individuals applying for Level 1 volunteer status to complete a background check with the appropriate agencies.

Level 1 volunteer work is subject to and contingent upon the completion of a criminal background check by the California Department of Justice and the Federal Bureau of Investigation. Convictions of certain crimes, including, but not limited to sex and narcotics offenses and serious and violent felonies as specified in the California Education, Penal, and Health and Safety Codes, will bar Level 1 volunteers from volunteering with the District.

The submission of fingerprint information to the Department of Justice requires valid photo identification to ensure the identity of the applicant is valid. Acceptable forms of identification are:

Primary Forms of Photo Identification

- A valid California Driver's License
- A valid out of state Driver's License
- A valid California identification card
- A valid out of state identification card

*****If you do not possess either of the Identifications mentioned above, please refer to the back of this form for secondary forms of Identification that may be accepted.**

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application as a volunteer. This investigation may include such information as criminal or civil convictions, driving records, previous employers, personal references, professional references, and other appropriate sources. I waive my right to access any such information and without limitation hereby release the school district, and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application.

Volunteer's Signature Date

School Site(s) where you wish to volunteer:

| | | |
|--|-----------------------|------------------------------|
| <i>Student's Name or Type of Service</i> | <i>School's Name:</i> | <i>Principal's Approval:</i> |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

THE VOLUNTEER MUST MAKE ARRANGEMENTS TO HAVE A TUBERCULOSIS TEST AND HIS/HER FINGERPRINTS PROCESSED FOR A BACKGROUND CHECK PRIOR TO STARTING VOLUNTEER WORK.

(NOTE: ALL VOLUNTEERS NEED TO RENEW THEIR APPLICATION EVERY SCHOOL YEAR.)

* * * * *

OFFICE USE ONLY

TB Date: _____ TB Expire: _____ Fingerprints SID #: _____ Date Cleared: _____ Initials: _____

In the absence of a "**Primary Form**" of identification, a "**Secondary Form**" of identification may be accepted but only **with two of the supplemental documents** listed below.

Secondary Forms of Identification

- State government issued Certificate of Birth
- U.S. Active Duty/Retiree/Reservist Military Identification Card (000 10-2)
- U.S. Passport
- Federal government Personal Identify Verification Card (PIV)
- Department of Defense Common Access Card
- U.S. Tribal or Bureau of Indian Affairs Identification Card
- Social Security Card
- Court Order for Name Change/Gender Change/Adoption/Divorce
- Marriage Certificate (Government issued certificate)
- U.S. Government issued Consular Report of Birth Abroad
- Foreign Passport with appropriate immigration document(s)
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-688 Temporary Resident Identification Card
- INS I-688B, I-765 Employment Authorization Card

Supplemental Documents

- Utility bill (address)
- Jurisdictional voter registration card
- Vehicle registration card/title
- Paycheck stub with name/address
- Spouse/parent affidavit
- Cancelled check or bank statement
- Mortgage documents

In the event supplemental documents does not support the validation of the original identification documents, the form of identification will not be accepted as valid and the applicant will not be fingerprinted.

LEVEL 2 VOLUNTEERS ONLY ACCEPTABLE FORMS OF IDENTIFICATION

- Valid State Driver's License
- Valid State Identification
- Valid Foreign Consulate Card
- Valid Passport

**RIALTO UNIFIED SCHOOL DISTRICT
HOLD HARMLESS AND WAIVER OF LIABILITY
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
ADULT VOLUNTEER ACTIVITY**

The undersigned individual hereby requests to participate as a volunteer in the following activity:

Description of Activity: _____

Date(s) of Activity: _____

By my signature below, I request to be designated as an official volunteer to the Rialto Unified School District and acknowledge the conditions of my participation in this activity as outlined below:

As a condition of my participation as a District volunteer in this activity, I understand that I will be covered by the District's workers' compensation program in case of illness or injury and that I will receive treatment and be entitled to statutory benefits in accordance with the District's procedures and State statutes pertaining to such coverage. I acknowledge that the workers' compensation program will be my sole recourse for any injuries sustained in the course and scope of my service to the District.

Aside from the coverage provided by the workers' compensation program, I agree to waive all claims against the District and to indemnify and hold the District, its trustees, officers, agents, employees and volunteers, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or any other person or entity may have against the District because of death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. However, this waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees, or agents.

By my signature below, I certify that I have no special health needs or medication needs of which the activity supervisor should be aware and that I have consulted with my physician and verify that I am medically fit to participate in this activity. In the event of medical emergency, I do hereby consent for the District to summon medical transportation and I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care 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

Name (Please Print)

Phone Number

Medical Insurance Carrier (e.g., Blue Shield)

Policy Number

In the event of medical emergency, please contact:

Name

Relationship

Telephone

INSTRUCTIONS FOR OBTAINING TB TESTS FOR VOLUNTEERS

TUBERCULIN SKIN TESTS WILL BE GIVEN AS FOLLOWS (Effective 8/1/16):

Health Services
815 S. Willow Ave.
Rialto, CA 92376

2nd & 4th TUESDAY'S OF THE MONTH
1:30-3:30 pm
\$15.00 CASH ONLY AND EXACT CHANGE
(NO APPOINTMENT NECESSARY)

NOTE: Volunteer must return on **THURSDAY** of the same week during the same time periods to have the T.B. test read and get the results.

PLEASE CALL 820-8150 IF YOU HAVE QUESTIONS

If you are unable to take the T.B. skin test due to a prior positive test, an **X-Ray** can be obtained through your usual source of health care or the San Bernardino County Health Department or see below.

TB's & X-RAYS

Fox Occupational Medical Center (Next to AT&T)
1375 S. Camino Real, #130
San Bernardino, CA 92408
(909) 884-1500/ FAX (909) 383-0025
Hours: Monday-Friday 8a.m – 5p.m.
(Se Habla Español)

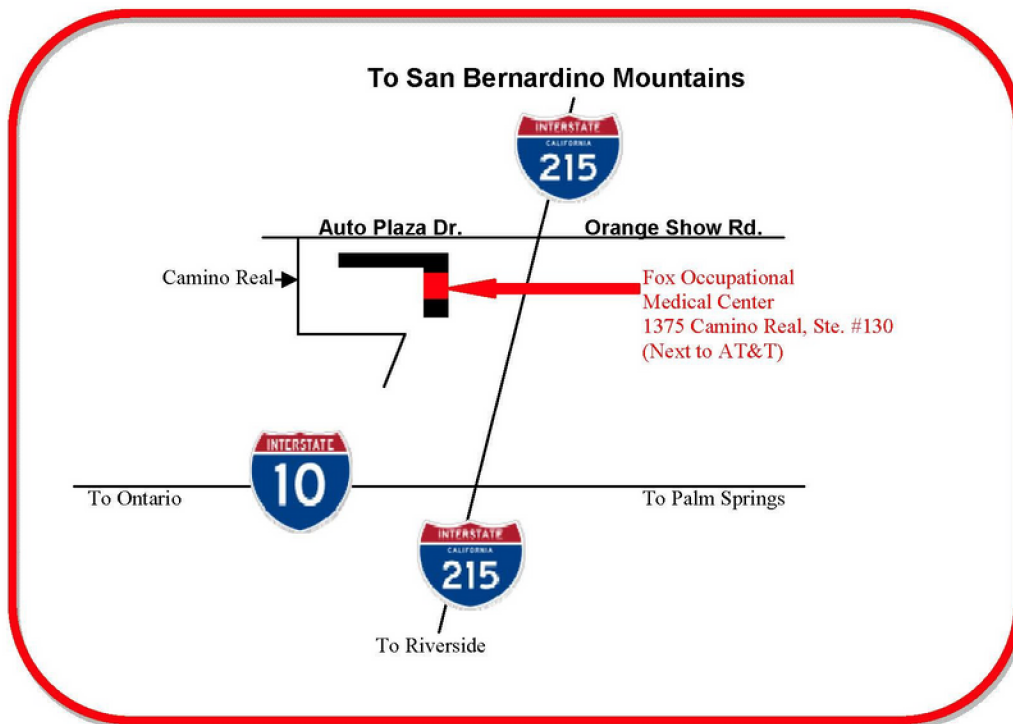
TB TEST

Monday – Wednesday & Friday ONLY
\$15.00 Cash OR Credit Card

X-RAYS

Monday – Friday
\$35.00 Cash OR Credit Card (with this notice)


NOTE: This examination must have been conducted within the last sixty (60) days.




*****If you use Fox Occupational Medical Center for TB test or chest X-Rays, please notify their staff you are a Rialto USD volunteer to obtain the prices mentioned above.**



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