



Oxnard School District Volunteer Application 2022/2023 Parent Volunteer

Application Information (Completed by School)

This is a: New Application Renewal
 I am a: Parent Relative - Specify _____
 Type: less than 10 hours per month 10 hours or more per month Field Trip Clearance
 School(s) you wish to Volunteer at: _____

Administrator Signature/Approval: _____

Personal Information (Completed by Parent)

Male Female Date of Birth _____
 Full Legal Name: _____

Address _____ City and Zip Code _____

Phone # _____ Email _____

Name of Child/Children: 1. _____ 2. _____ 3. _____

Relationship to Child/Children: _____

Name of Child's Teacher(s): 1. _____ 2. _____ 3. _____

Child/Children are in:

- TK-8th Grade
- Pre School

I have provided the required immunization(s):

- Negative TB Clearance (10 hours or more per month)
- COVID Vaccination/Booster
- TB, TDAP, MMR, Flu Shot (pre-school only)

Have you volunteered with the Oxnard School District before? Yes No

If yes, what school(s) and what year(s) did you volunteer? _____

How frequent are you planning to assist in your child's class? _____

Background / Security Information

- I have never been convicted of any violation of the law.
- I have been convicted of the following violation(s) of the law and, therefore, provide information requested. (List each violation of the law for which you have been convicted, including any during military service. Convictions include any offenses for which you forfeited bail, were fined and/or jailed, or placed on probation.) **DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS, ARRESTS THAT DID NOT RESULT IN A CHARGE, OR CHARGES, THAT DID NOT RESULT IN CONVICTION.**

Date/City, & State of Conviction	Charge (Reason for conviction)	Disposition (Sentence, fine and/or probation)	Remarks

Certification

I hereby certify that all statements made on this application form and any attachments are true and complete and authorize investigation of all statements herein recorded. I certify that I have listed all my convictions, except minor traffic offenses. I affirm I have read the Code of Conduct and Volunteer handbook and understand that any violation may result in my immediate dismissal. I understand that if I am accepted as a volunteer, any false statement omissions of convictions, or falsifying of material facts may result in my disqualification or immediate dismissal from volunteering with the Oxnard School District.

Volunteer Signature

Date

Please complete reverse side of this page

Oxnard School District

1051 South A Street, Oxnard, California 93030 ~ (805)385-1501 ~ www.oxnardsd.org

Use of Volunteers Request Form

Please note that these are the things that as a volunteer you may NOT do:

Reinforce instruction to individuals or small group of students. Prepare materials for classroom and instructional use; administer, correct or record test results. Maintain student's profiles and other records. Set up work areas, displays or exhibits. Distribute or collect papers or supplies. Record grades, take roll, or maintain records or files. Translate: written material from English to a second language or from that language into English. Translate: Interpret and facilitate communication between staff and non-English to a second or parents. Perform clerical job duties; copies, make phone calls or take messages, schedule meetings, first aide, data input, faxing or use the copy machine.

Start Date: _____ Estimated Duration: _____

Description/Work/Activity (Must be specific): Please attach paper if needed.

*Days: _____ *Hours: _____ *Volunteers may not volunteer more than 3 hours per day, 3 days per week

FOR HUMAN RESOURCES OFFICE USE ONLY

CSEA President / Designee

Date

CSEA Job Family Representative

Date

Human Resources Administrator

Date

Article 23.3.7 At least fifteen (15) days prior notice must be given to the Director of Classified Personnel through use of the "District Use of Volunteers Request Form" by the requesting administrator or classified manager. The use of a volunteer must be approved by obtaining the signatures of the CSEA President/Designee, a Human Resources Administrator and the affected job family representative on the form before the shall be held as soon as possible in an effort to resolve the concerns. The fifteen (15) day time frame can be reduced by mutual agreement of the CSEA President/Designee and Director of Classified Personnel. 7-19-07: sg Rev. 10/3/17

Human Resources Office Use Only

Must be 21 years of age Yes No
Valid CA Driver's License or CA ID Yes No
DOJ/FBI Cleared Yes No
Negative TB Yes No N/A
Megan's Law Cleared Yes No
Sexual Abuse Training Yes No
TDAP, MMR, Flu Shot Yes N/A(Pre-K only)
COVID Vaccine/Booster: Yes No
Sign Volunteer Code of Conduct: Yes No

Sports Coaches Only:

Current First Aid Expires _____
Current CPR/AED Expires _____
Concussion Yes No (Every 2 yrs)
Sudden Cardiac Arrest Yes No (Every 2 yrs)
Code of Conduct and Expectation for Coaches
 Yes No

Tech Name: _____ Logged to Master List: _____ (initials)