WASHINGTON UNIFIED SCHOOL DISTRICT

The Gateway to Extraordinary Possibilities!

VOLUNTEER STEPS

Thank you for your interest in being a volunteer!

The Washington Unified School District is seeking volunteers who support our mission to support students in a community promoting family involvement, strong partnership, and school pride. Volunteer assistance in schools can significantly enrich the educational program, improve supervision of students, contribute to school safety, and strengthen relationships.

For the safety and well-being of students, the District requires **ALL** volunteers to complete the outlined process including a background clearance.

1 Pick up "Volunteer Packet" at your child's school. Complete all forms including Volunteer Emergency Card and make photocopy of your ID

2 Take TB test at your health facility. Return 48-72 hours later for results *(Negative TB test results need to be dated within the past 60 days)*

3 Return Volunteer Packet, Copy of ID and Negative TB Test Results to District Office:
930 Westacre Road, West Sacramento, 95691
Mon-Fri: 8:00 – 4:00pm (closed 11:30 – 12:30 for lunch)

4 Go to UPS for Live Scan Fingerprinting:
813 Harbor Blvd, West Sacramento, 95691
Human Resources will provide form

You will be notified when your badge can be picked up at the school

Questions? Contact Alex E. Perez at (916) 375-7600 ext.1045 or aperez@wusd.k12.ca.us

VOLUNTEER STATUS REQUEST SHEET

Please complete and return all Volunteer Forms to
Human Resources Department at the District Office, 930 Westacre Rd, West Sacramento, CA 95691

LEGAL NAME: _____ _____
LAST FIRST PREFERRED NAME

ADDRESS: _____ ❒ MALE ❒ FEMALE
STREET

_____
CITY STATE ZIP CODE

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

VOLUNTEER SITE: _____

STUDENT/TEACHER'S NAME AND RELATION: _____

REASON FOR VOLUNTEERING: _____

VOLUNTEER SIGNATURE: _____ *DATE:* _____

_____ _____
SCHOOL ADMINSTRATOR SIGNATURE DATE

_____
PRINT NAME

_____ _____
HR APPROVAL DATE

Please contact the Human Resources Department if you have any questions or concerns.
Alex E. Perez, Administrative Secretary II – Human Resources, (916) 375 7600 ext. 1045

School Year: 2020-21

Washington Unified School District
Volunteer Emergency Card

Name _____

Contact Phone: _____ Email: _____

Address: _____

Emergency Contact to be notified in case of illness or injury (list two):

Name: _____ Relationship: _____

Contact Phone: _____

Name: _____ Relationship: _____

Contact Phone: _____

In an emergency, I authorize a representative of the school district to make such arrangements as he/she considers necessary for me to receive medical/dental or hospital care, including necessary transportation. If I do not specify a physician below or if said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician/ dentist. I hereby agree to bear all costs incurred as a result of the foregoing.

Signature: _____ ***Date***: _____

OR

*If you **DO NOT** choose to sign the above statement, please state action desired in the event of accident or emergency*

_____

_____

_____

_____

Signature: _____ ***Date:*** _____

OPTIONAL INFORMATION:

Physician/Medical Group: _____ ID#: _____

Address: _____ Phone: _____

Dentist: _____

Address: _____ Phone: _____

A. Please check the following items if they pertain to you:

☐ Wear Contact Lenses ☐ Wear Hearing Aid ☐ Wear dental appliance

Other (specify): _____

B. Subject to any conditions which may result in an emergency, such as: (Please indicate special instructions, if any)
   a. Seizure Disorder: _____
   b. Respiratory Disorder: _____
   c. Diabetes: _____
   d. Cardiovascular or Bleeding Disorder: _____
   e. Known Allergies: (food, drugs, insects, etc.) _____

C. Other known problems or medic alert information: _____

D. Do you take routine medication? Yes ☐ No ☐ If yes, name the medication and dosage _____

Anticipated reaction, if any _____