

VOLUNTEER / CHAPERONE EMERGENCY CARD

E 1240 (a)

I. PERSONAL INFORMATION:

Date Of Birth _____

Volunteer's Name _____ Address _____ Phone Number _____ Last 4 Social Sec. Number _____

Family Physician _____ Address _____ Phone Number _____

Insurance Carrier _____ ID Number _____ Driver's License Number _____

Person To Call In Case Of Emergency _____ Phone Number _____
Please provide the office with a copy of your driver's license.

Do you have children attending school in the district? If yes: _____ Student Name/Grade _____
If No: _____

II. TUBERCULOSIS TESTING: (Education Code §49406)
All volunteers shall submit evidence that they are free from active tuberculosis. (Volunteers are responsible for testing cost.)

- I plan to use my family physician for the testing.
- I would like the district to arrange for my testing.
- My clearance is still valid.

III. FINGERPRINT CLEARANCE: (BP/AR 1240)
The district will obtain a fingerprint clearance through the Department of Justice before authorizing any person to serve outside the supervision of a certificated employee or on a fieldtrip. (Volunteers are responsible for administrative fee. District will cover Department of Justice fee.)

TO BE COMPLETED BY VOLUNTEER

I, _____, hereby agree to act in accordance with district policies, regulations and school rules. I understand that any volunteer who violates district policies, regulations or school rules may be asked to leave the campus or school related event. I also understand that the Superintendent can withdraw volunteer privileges from anyone who while in the performance of his or her duties is found to be in violation of district policies, regulations or school rules, including the use of alcohol or tobacco. I acknowledge receipt of district policies, regulations and school rules

Signature of Volunteer _____ Date _____

FOR OFFICE USE ONLY

1. Tuberculosis Clearance obtained Yes No Date of Renewal: _____
2. Dept. of Justice Fingerprint Clearance Yes No
3. Copy of driver's license Yes No

Signature of Superintendent _____ Date _____