Volunteer Form

A volunteer is a person who performs work for a public service, religious or humanitarian reasons without promise, expectation or receipt of compensation for that work. Volunteers are not used to work in a capacity that is generally performed by others in a paid status.

Volunteer Name: ___________________________ Phone #: ___________________________

Mailing Address: ___________________________

City: __________________ State: __________ Zip: ___________________________

Email: __________________

☐ Volunteer ☐ Intern ☐ Parent ☐ Other: _____

Please describe the nature of the volunteer work being performed: ______

With approval of the Assistant Superintendent, a volunteer will be fingerprinted and tested for Tuberculosis. This cost will be charged to the requesting department.

☐ DOJ-FBI ($49)
☐ TB Test (approximately $25)

Please indicate which account string you would like to have these fees charged to.

Acct string: _____________________________

__________________________
Program Manager Signature

__________________________
Date

Volunteer form-rev 7/2020
PAYROLL/PERSONNEL DATA SHEET

Below is information required by the Payroll/Personnel Departments; please complete. BACKGROUND & TB CLEARANCE MUST BE ON FILE. [AUTO INSURANCE VERIFICATION AND/OR CREDENTIALS/C-BEST WILL BE REQUIRED, IF APPLICABLE].

SS#:_______________________ / ID#________________________

Last Name____________________ First Name____________________ MI ______________ Birth Date ______-____-____ Sex __________

Residence Address ____________________________ City __________ County __________ State __________ Zip Code __________

Mailing Address (if different) ____________________________ City __________ County __________ State __________ Zip Code __________

Home Phone: (________) - _______ Cell Phone/Msg: (________) __________ Email:________________

VALID CALIFORNIA DRIVER’S LICENSE?  ○ Yes  ○ No  D.L. #:___________ Expiration Date:__________

I have minimum legal auto liability insurance coverage and will continue coverage while employed:  ○ Yes  ○ No

How long have you resided in California? ________________

Are you currently employed by a school district?  ○ Yes  ○ No

If yes, How many hours? _________________________________

Which district? ______________________________________

Name of School:______________________________

Have you ever been on a Retirement System?  ○ Yes  ○ STRS?  ○ PERS?  ○ Other? [CHECK APPROPRIATE BOXES]  ○ No  ○ Refunded?  ○ Retired?

If retired from STRS, date of retirement _________________________________

The following credential is on file in Glenn County:______________________________

Expiration Date:______________

IS CREDENTIAL UNDER A DIFFERENT NAME? If yes, what name:______________________________

CHANGE MY CREDENTIAL RECORDS TO THE FOLLOWING NAME:______________________________

Revised 7/2020
Glenn County Office of Education

USE OF PHONE, MAIL AND TECHNOLOGY

Phone: Personal use of telephones for long-distance and toll calls is not permitted. Volunteers should practice discretion in using company telephones when making local personal calls and may be required to reimburse Glenn County Office of Education for any charges from their personal use of the telephone.

To assure effective telephone communications, volunteers should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller, and hang up only after the caller has done so.

Mail: The use of Glenn County Office of Education-paid postage for personal correspondence is not permitted.

Technology:

1. Volunteers are authorized to use Glenn County Office of Education's on-line services in accordance with user obligations and responsibilities specified in this Glenn County Office of Education policy.
2. Volunteers shall use the system only under their own account. When sending electronic messages, volunteers shall not include inappropriate confidential information.
3. Glenn County Office of Education's system shall be used only for purposes related to education. Commercial, political and/or personal use unrelated to an educational purpose is strictly prohibited.
4. Volunteers should have no expectation of privacy or confidentiality in the content of electronic communications or other computer files sent and received on the Glenn County Office of Education's computer network. Glenn County Office of Education reserves the right to monitor any on-line communications for improper use. Electronic communications and downloaded material, including files deleted, may be monitored or read by Glenn County Office of Education officials.
5. The use of Glenn County Office of Education's system is a privilege, not a right, and inappropriate use may result in a cancellation of those privileges.
6. Volunteers are prohibited from accessing, posting, submitting, publishing or displaying harmful matter or material that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religion or political beliefs. Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest and is matter which depicts or describes in a patently offensive way sexual conduct and which lacks serious literary, artistic, political or scientific value for minors. (Penal Code § 313).
7. Volunteers shall not use the system to encourage the use of drugs, alcohol or tobacco, nor shall they promote unethical practices or any activity prohibited by law or Glenn County Office of Education policy.
8. Users may download copyrighted material for educational purposes only. Volunteers shall not use copyrighted material for personal financial gain.
9. Vandalism will result in the cancellation of user privileges and or criminal prosecution. Vandalism includes the intentional uploading, downloading or creating computer viruses and/or any malicious deletion or reconfiguration or data or system performance, malicious attempt to harm or destroy Glenn County Office of Education equipment or materials or the data of any other user.
10. Other than in a supervisory capacity, users shall not read other users' mail or files; they shall not attempt to interfere with other users' ability to send or receive electronic mail, nor shall they attempt to delete, copy, modify or forge other users' mail.

11. Users shall report any security problem or misuse of the services to a supervisor.

The principal, supervisor, or designee shall make all decisions regarding whether or not a user has violated these regulations and may deny, revoke or suspend a user's access at any time. The decision of the supervisor or designee shall be final.

GIFTS OF PUBLIC FUNDS

AS A PUBLIC VOLUNTEER, DID YOU KNOW…

- Use of GCOE telephones for personal long-distance and toll calls…
- Use of GCOE mail system for personal use…
- Use or removal of GCOE equipment for personal use…
- Use of e-mail, Internet, or computer network for personal use…
  [Glenn County Office of Education may review the contents of voice mail, e-mails and computer documents. Computers belong to Glenn County Office of Education and employees shall limit communications to business-related activities.]
- Use or removal of GCOE supplies for personal use…
- Use of GCOE facilities for personal use…

ARE DEFINED AS A “GIFT OF PUBLIC FUNDS” AND ARE PRACTICES THAT ARE ILLEGAL!

By your signature below, you acknowledge and accept the conditions of this policy.

__________________________________________________
Volunteer Signature                                    Date

__________________________________________________
Print Name
EMERGENCY CONTACT INFORMATION

Volunteer Name: ________________________________
Volunteer ID/SSN: ________________________________
Position Title: ________________________________
Site/Department: ________________________________

Emergency Contact Name (Primary): ________________________________
Relationship: ________________________________
Emergency Contact Phone Number(s): ________________________________

Emergency Contact Name (Alternate): ________________________________
Relationship: ________________________________
Emergency Contact Phone Number(s): ________________________________

Please be sure to contact the Human Resources Department if you need to make any changes to your Emergency Contact Information in the future.

__________________________________________  __________________________
Signature                                      Date