



The Cardiff School District values the thousands of hours of service provided by school volunteers each year. To provide for student safety and well-being, volunteers are required to have the following documents on file in the school office:

- ◆ Negative TB Test Results (*good for four years*)
- ◆ Proof of COVID-19 Vaccination **OR** Proof of a Negative COVID-19 Antigen or PCR Test (*taken on the day of volunteering*)
- ◆ Signed Volunteer Clearance (*see below*)

All volunteers are asked to sign-in at the school office and wear a school volunteer badge during each volunteer session.

Thank you for serving as a volunteer in the Cardiff School District. By giving your time and talent, you are making a difference in the lives of our children.

VOLUNTEER DOCUMENT REQUIREMENTS

_____ I understand that I must have a current negative TB Test Result Form (completed by physician or clinic) on file in the school office. Should there be a change in my health, I will inform the office and cease volunteering. (***Please initial***)

_____ I understand that I must be fully vaccinated against COVID-19 and must provide a copy of my vaccination documentation **OR** provide a negative COVID-19 antigen or PCR test (taken on the day of volunteering) before I may volunteer on campus. (***Please initial***)

_____ I understand that I may be working directly with students. I understand that confidentiality must be maintained with regard to student academic, social and emotional needs. (***Please initial***)

_____ I have read and understand the COVID-19 District Protocols. (***Please initial***)

VOLUNTEER CLEARANCE EDUCATION CODE SECTION 35021

I, _____, am a volunteer with the Cardiff School District. I am not a person required to register as a sex offender pursuant to Section 290 of the Penal Code. I declare under penalty of perjury that I am aware of the amended Education Code Section 35021 and its application, and that I am not a registered sex offender nor am I required to register as a sex offender. (***Please sign***)

Student Name(s) _____

School Site _____

Volunteer Signature _____

Date _____

Address _____

Phone Number _____