



WASHINGTON
UNIFIED
SCHOOL
DISTRICT
WEST SACRAMENTO

Process for Volunteer Clearance

The Washington Unified School District is seeking volunteers who assist 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.

Community involvement is essential to the success of the District. We believe that volunteer efforts support our belief that individuals require community to thrive and we build responsibility through participation and service. We welcome all volunteers ready to contribute to the success of school events, activities, and daily learning experiences.

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

Required Steps to become a volunteer...

1. Begin at the school site where you plan to volunteer. The school will provide you with a **Volunteer Packet**. Complete the form titled **Volunteer Status Request Form** and submit it to school administration for review and approval. Once approved the form will be returned to you.
2. Next, gather and submit (in person) all the required documents (listed below) to the Human Resources Department (located at 930 Westacre Road, West Sacramento, CA 95691. Open 9:00 am - 3:30 pm).

***Required documents to be considered for volunteer clearance:**

- a. Volunteer Status Request Form (signed by your school Administration).
- b. Completed Volunteer Emergency Card (in Volunteer Packet)
- c. Current Negative TB Clearance or Chest X-Ray (dated within the past 60 days)
- d. A copy of a state issued identification.

****All documents listed above must be turned in with Human Resources before we can provide a Live Scan form. Also, please be prepared to take a picture for your volunteer badge.****

- e. Background clearance completed through Live Scan Fingerprinting District review.

****Available options to complete this process will be provided upon submission of all the above documentation to Human Resources. The District has committed to paying the cost for Live Scan Fingerprinting. Please plan ahead as background clearances are conducted by the FBI and Department of Justice and may take six (6) or more weeks to complete.****

Upon clearance from Human Resources an ID Badge will be sent to your school site. School will be contacting volunteer to inform them of approval. All volunteers and staff are required to wear an id badge while on any Washington Unified School District site.

If you have any further questions, please contact:

Alex E. Perez

(916) 375-7604 ext. 1045 or aperez@wusd.k12.ca.us

**Washington Unified School District
Volunteer Emergency Card**



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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 _____