

## ***How to Get Started Volunteering with the SCCOE***

Thank you for inquiring about volunteer activities at the Santa Clara County Office of Education (SCCOE).

Our goal is to make your time spent at a SCCOE site rewarding for everyone. We strongly believe in protecting the children we serve, our staff, and the community and as a safeguard we screen volunteer applicants. Please review the following checklist for items that will need to be completed for your volunteer activity with the SCCOE.

### **Items to be completed:**

- Complete the volunteer packet including: application, emergency form, handbook agreement, code of conduct, technology agreement (if applicable), and submit to the SCCOE volunteer coordinator
  - We match our volunteers based on their application which lists their interests, skills, location, and availability.
- Submit a tuberculosis clearance from within the past year (*if over the age of 18*).
  - Chest x-rays are acceptable for four years.
- The volunteer coordinator will inform you if you need to schedule a Live Scan fingerprint appointment with the SCCOE main office in San Jose (*those over 18*). The SCCOE covers the cost.
  - Contact Lisa Ketchum, the volunteer coordinator to schedule your appointment at 408-453-6574 or email [volunteer@sccoe.org](mailto:volunteer@sccoe.org). When leaving a message, indicate what days and times are best for your fingerprint appointment. Appointments are every 15 minutes Tuesday thru Friday 10:00 a.m. to 2:30 p.m.
  - The following will be required at your Live Scan appointment:
    - A valid federal, state or local government picture ID (driver's license, state photo ID, passport, or visa)
    - INS residency card, if you are not a US Citizen
    - Social Security Number



**COUNTY SUPERINTENDENT OF SCHOOLS**

Charles Weis Ph.D.

A Champion for Children, Schools, and Community  
1290 Ridder Park Drive San Jose, California 95131-2304

Phone: (408) 453-6574 \* Fax: (408) 453-6723 \* email address: [volunteer@sccoe.org](mailto:volunteer@sccoe.org) \* website address: [www.sccoe.org](http://www.sccoe.org)

## Volunteer Application

Your information is CONFIDENTIAL and will not be shared. Please print clearly and submit completed application to the volunteer coordinator by email to [volunteer@sccoe.org](mailto:volunteer@sccoe.org) Fax: (408) 453-6723, or regular mail to: 1290 Ridder Park, m/c 264, San Jose, CA 95131

Date: \_\_\_\_\_ Are you over 18 years old?  Yes or  No Have you had a TB test within the past year?  Yes, \_\_\_\_\_  No

Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Mobile Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a college student?  Yes, where? \_\_\_\_\_  No

Are you completing service learning hours?  Yes, how many? \_\_\_\_\_  No

How did you hear about our volunteer opportunities?

Friend or family  Our School site(s)  Internet site, where? \_\_\_\_\_  Newspaper, where? \_\_\_\_\_  Brochure or Flyer, where? \_\_\_\_\_ Other? \_\_\_\_\_

**PROFESSIONAL AND VOLUNTEER EXPERIENCE** Please list your present or most recent employer:

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Please list previous volunteer experience, if any:

Organization \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer Activity \_\_\_\_\_

**Spoken AND WRITTEN** Please note fluency in languages other than English:

Which language?  Spoken  Written Which language?  Spoken  Written Sign language?  Yes  No

**STUDENT GRADES** Please note student age preference(s) for assisting:

Birth - 3 yrs old  Pre-School (3-5 yrs old)  K - 2nd (5-7 yrs old)  3rd - 5th (8-10 yrs old)  6th - 8th (11-13 yrs old)  High School (14-18 yrs old)  Post Senior (18 - 22 yrs old)

**SCCOE PROGRAMS** Please note your program preference(s):

Special Education (all ages and disabilities)  Head Start Pre-School  Alternative at-risk youth (middle and high school)

**AVAILABILITY** Please indicate your availability. (Example: Monday 1pm to 3pm). Note that most volunteer activities are during the regular school day hours (8a.m. to 3p.m.). Occasionally we have weekend and evening opportunities:

Monday Hours: \_\_\_\_\_  Tuesday Hours: \_\_\_\_\_  Wednesday Hours: \_\_\_\_\_  Thursday Hours: \_\_\_\_\_  Friday Hours: \_\_\_\_\_

Is there a specific SCCOE site or program where you want to volunteer? If yes, please list the site: \_\_\_\_\_

Why do you wish to volunteer with the SCCOE? Please explain: \_\_\_\_\_

**VOLUNTEER ACTIVITIES** Please place a checkmark beside the activities that interest you. Not all activities involve students:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advisory to Board or Committee Member | <input type="checkbox"/> Foreign or Sign Language Translation | <input type="checkbox"/> Fundraising or Grant Writing |
| <input type="checkbox"/> Arts                                  | <input type="checkbox"/> Gardening                            | <input type="checkbox"/> Office Support               |
| <input type="checkbox"/> Athletic Assistant                    | <input type="checkbox"/> Guest Speaker                        | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Child Care Aide                       | <input type="checkbox"/> Library Assistant                    | <input type="checkbox"/> Reading and Sharing          |
| <input type="checkbox"/> Classroom Assistance                  | <input type="checkbox"/> Music and Art                        | <input type="checkbox"/> Tutoring                     |

**LOCATION** Please indicate areas, townships and/or cities in Santa Clara County where you would be willing to volunteer:

- |                                    |                                    |  |   |  |                                       |
|------------------------------------|------------------------------------|--|---|--|---------------------------------------|
| <input type="checkbox"/> Cambrian  | <input type="checkbox"/> Gilroy    | <input type="checkbox"/> Milpitas      | <input type="checkbox"/> San Jose North | <input type="checkbox"/> San Jose West | <input type="checkbox"/> Santa Teresa |
| <input type="checkbox"/> Campbell  | <input type="checkbox"/> Hollister | <input type="checkbox"/> Morgan Hill   | <input type="checkbox"/> San Jose South | <input type="checkbox"/> San Martin    | <input type="checkbox"/> Saratoga     |
| <input type="checkbox"/> Cupertino | <input type="checkbox"/> Los Gatos | <input type="checkbox"/> Mountain View | <input type="checkbox"/> San Jose East  | <input type="checkbox"/> Santa Clara   | <input type="checkbox"/> Sunnyvale    |

**VOLUNTEERS--PLEASE READ, SIGN, AND DATE THE FOLLOWING:**

I, \_\_\_\_\_ (*please print your name*) certify under penalty of perjury and in conformance with Education Code 35021 that I am not required to register as a sex offender pursuant to Penal Code 290 and to the best of my knowledge, all information given by me in this application and in any other forms I complete during the application process is true and correct. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being accepted as a volunteer or for my being dismissed if I am already a volunteer no matter when discovered. I authorize the Santa Clara County Office of Education to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my employment, volunteer history, character, and qualification and they are hereby released from all liability for providing such information. I agree that the Santa Clara County Office of Education may at any time, at its sole discretion, terminate my services.

*Both parent/guardian and volunteer must sign if volunteer is under the age of 18.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Parent or Guardian if volunteer is under 18 (*Please print*) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_



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## Emergency Information

**EMERGENCY INFORMATION**

(PLEASE PRINT)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Person(s) to contact in case of emergency, if under 18, parents please sign at the bottom:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

\_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

\_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical #: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical #: \_\_\_\_\_

Do you have any physical limitations or special medical conditions that require reasonable accommodations?

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

If it is necessary for a volunteer to receive medical care for an injury that occurred during a volunteer activity, they must be seen by one of the SCCOE's worker's compensation medical panel providers unless prior to the injury, a pre-designated physician is on record with the SCCOE site.

*In case of an emergency, the SCCOE has my permission to seek medical attention for my child under the age of 18.*

Parent/guardian (if under the age of 18) Name and Relationship (Please print): \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**\* A copy of this will be sent to the SCCOE assigned site, the original will be kept with the volunteer coordinator**



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