

# HBCSD Preschool Academy Volunteer Form

Thank you for your interest in volunteering with the Preschool Academy. *Please fill out completely.*

Name: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last First Phone #

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

Volunteer's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #

Emergency Contact's Email: \_\_\_\_\_

Please indicate any medications you are currently taking or medical conditions that you would like us to be aware of.

## Children in the HBCSD Preschool Academy Program:


Child #1 Name: \_\_\_\_\_ Child #2 Name: \_\_\_\_\_

To volunteer in the Preschool Academy, California state law requires that you submit the following:

- ✓ Results of a **TB test** taken within the last sixty days. **This requirement must be submitted prior to volunteering.**

State law provides that you *may* serve as a volunteer for a maximum of 30 calendar days if you meet all other requirements for volunteering (including a daily wellness screening), provided that you sign and submit a written statement attesting that you have been immunized as required. Immunization records must be submitted within 30 days.

- ✓ **Immunization records:**
  - Verifying **pertussis** (*whooping cough*) and **measles** (*or*)
  - Determination by a licensed physician, in writing, that the volunteer has evidence of current immunity (*or*)
  - Determination by a licensed physician, in writing, that immunization is not safe for the volunteer because of the volunteer's physical condition or medical circumstance.
- ✓ Annual **Influenza "Flu"** Vaccination record:
  - Verifying annual flu vaccination (*or*)
  - In regard to the influenza vaccine only, a signed declaration that the volunteer has declined the vaccine.
- ✓ Volunteers using cleaning products (including disinfecting wipes and sanitizers) will complete an annual **Healthy Schools Act** training on **Integrated Pest Management** and submit their certificate. (Effective July 1, 2016) Free training for Integrated Pest Management is available on line at <http://online.cce.csus.edu/dpr/login/index.php> or contact the Preschool Academy Office for *free* on-site training opportunities.

 ***I understand:*** the requirements for volunteering; that within 30 days I must submit my immunization record; and attest that I have been immunized as required. I further attest that I am in good physical and mental health, and am able to work with preschool age children.

\_\_\_\_\_  
Signature Date

### For office use only:

\_\_\_ Eader  
\_\_\_ Peterson  
\_\_\_ Perry

TB test or risk assessment: \_\_\_  
Measles: \_\_\_  
Pertussis: \_\_\_  
Flu/Flu Opt out: \_\_\_

Original  
Classroom licensing folder: \_\_\_