

Guidelines for Volunteers (Regular Volunteer)

A regular volunteer is one who volunteers for 16 hours or more per month or 32 hours or more per school year.

Because our society is filled with pain, problems, and litigation caused by improper conduct of individuals working with children and youth, it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, you want parents and others to feel comfortable and confident with you.

My Commitment to Volunteer Ministry

I will,

1. Never leave a child or group of children for whom I am responsible unattended. I will provide appropriate supervision at all times.
2. Always have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, UNDER NO CIRCUMSTANCES will I allow myself to be alone with one child.
3. Always ask a child's permission before physically touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas that would normally be covered by a T-shirt and/or shorts. (If an injury is within this area, make sure another adult works with you as care is provided.)
4. Refrain from physical and verbal attacks and corporal punishment which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful discipline methods to use with children.
5. Affirm children with appropriate touching by keeping hugs brief and "shoulder-to-shoulder" or "side-to-side." (Always keep hands at (not below) the shoulder level. A caregiver's kiss should be to the forehead or cheek only - not elsewhere. For small children who like to sit on laps, I will encourage them to sit next to me.)
6. Provide extra care when taking small children to the restroom. I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process.
9. Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse by completing the required child abuse and neglect identification and reporting training.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training programs as required based on your volunteer ministry assignment.
12. Never take pictures of students. Special authorization is required.

The North American Division of the General Conference of Seventh-day Adventists and Adventist Risk Management, Inc., recommend these Guidelines for Volunteers, which serve as a protection to you, your ministry, and the church from allegations of abuse.

I, the undersigned, have read this document and agree to abide by the Code of Conduct and Volunteer Guidelines outlined above. I will retain a copy of this document and keep it for reference.

Volunteer Signature

Date



**Northern California Conference
Office of Education
P.O. Box 619015
Roseville, CA 95661**

Vehicle Information Form for Field Trip Drivers

Today's date: _____

Auto Make: _____ Model: _____ Year: _____

Registration Number (License Plate): _____

California Driver's License Number: _____

Number of passenger seat belts: _____ (Any child under the age of 6 weighing less than 60 pounds must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.)

Insurance Company: _____	Policy #: _____
Insurance Agent: _____	Phone #: _____
Insurance Coverage:	
\$100,000/\$300,000/\$50,000	Recommended
\$250,000/\$500,000/\$50,000	Strongly Recommended
Insurance effective dates from _____	to _____
(Attach copy of current coverage)	

Driver: _____

Car Owner's Signature: _____ Date: _____

(Owner's signature indicates approval and signifies that the above information is correct.)

Car Owner's Phone Number: _____

Emergency Contact:

(Name)

(Relationship)

(Phone Number)



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NORTHERN CALIFORNIA CONFERENCE
TB Examination VERIFICATION

Name: _____ Phone: _____

Address: _____

School: _____

A volunteer shall provide written proof signed by the conducting physician that an examination, conducted **within the last 60 days preceding start date** has determined that the volunteer is free from communicable tuberculosis. Written proof shall be **filed every four years** after initial start date. *Only designated staff will have access to the completed form. This form will be stored in a locked file Education Code E10-124.12.*

TUBERCULIN TEST		
PPD Skin Test: Date Read: _____ Positive _____ Negative _____	OR	Chest X-Ray: Date: _____ Results: _____
Physician's Name: _____ Date: _____		
Address _____ Phone: _____		
Physician's Signature _____		



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3044

ORI (Code assigned by DOJ)

Volunteer - Private School

Authorized Applicant Type

Volunteer

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Northern California Conference of SDA

Agency Authorized to Receive Criminal Record Information

2100 Douglas Blvd. (PO Box 619015)

Street Address or P.O. Box

Roseville

City

CA

State

95661

ZIP Code

03279

Mail Code (five-digit code assigned by DOJ)

Coreen A Hicks

Contact Name (mandatory for all school submissions)

(916) 886-5645

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex Male Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

141139

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

Enter School Name HERE

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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Amount Collected/Billed

Educational Volunteer Service Agreement

Volunteer _____ Position _____

School _____

Supervisor _____

Beginning Date _____ Ending Date _____

The undersigned, (hereafter the "Volunteer") hereby agrees to perform volunteer services for the above-named Northern California Conference (NCC) institution (hereafter the "institution") on the following terms and conditions:

Supervision: Volunteer shall work under the supervision of the supervisor named above and to perform such duties as assigned by the NCC Superintendent of Schools and/or the principal where the Volunteer is assigned. Volunteer also agrees that their personal conduct and responsibility for performing their educational and supervisory duties shall be held to the same standards applicable to a teacher and in accordance with the rules, regulations and policies of NCC and as contained in the Pacific Union Conference Education Code. Volunteer shall, to the best of his/her ability, perform volunteer duties in a safe and reasonable manner so as to avoid injury to Volunteer or others.

Insurance: Because volunteers at NCC institutions are not employees of NCC or the institution, they are not covered by workers' compensation insurance for any work-related injuries or illnesses. The institution does provide Volunteer Labor Insurance Coverage through NCC which provides limited medical and other benefits in the event of injury or death to a volunteer while performing volunteer service for an NCC institution. Please read the Volunteer Labor policy, available from the NCC Risk Management Department for a description of policy benefits, limitations and exclusions.

Volunteer Drivers: All volunteer drivers must be at least 21 years of age and have an approved good driving record in order to operate a motor vehicle as part of their volunteer service. A volunteer using their own motor vehicle as part of their volunteer service must also show proof of insurance as required by California Law.

Termination: The term of the volunteer's service will end on the date noted above or earlier upon determination by the Institution that Volunteer's services are no longer required.

Release of Liability and Assumption of Risk: Volunteer acknowledges that their volunteer service activity has certain risks and inherent dangers of injury or even death that cannot be completely eliminated. Volunteer accepts these risks and agrees to release and hold harmless the Institution, NCC, and related organizations and their employees and agents from any and all losses, liability or claims for injury to person or property arising out of or related to volunteer's service described herein.

General Provisions: The volunteer acknowledges that their service is voluntary, with no expectation of compensation, and because the volunteer is not an employee of the Institution or NCC, they are not covered by workers' compensation benefits, Social Security, State Disability, NCC employee benefits, including service credit for retirement benefits and other Federal or State benefits or protections that may be applicable to employees. This volunteer agreement shall be construed in accordance with the Laws of the State of California. This volunteer agreement constitutes the entire agreement between the parties, incorporating all previous discussions and understandings and can only be modified in writing, signed by both parties. If any provision of this agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

Volunteer Signature

Date

Institution Signature

Date



Adventist Education

**Northern California Conference
Office of Education
P.O. Box 619015
Roseville, CA 95661**