



## VOLUNTEER INFORMATION & SURVEY

Dear Prospective Volunteer,

Thank you so much for your interest in volunteering at Garfield School. We take a lot of pride in the programs we offer at Garfield, with the understanding that one of our greatest strengths lies in the skills our volunteers have to share. Volunteering is a great way to get involved in your child(ren)'s education and to foster an even greater sense of belonging to the Garfield School community. Everyone wins with volunteers!

If you would like to volunteer, please fill out this "Volunteer Registration" form and a "Volunteer Survey." If you would like to drive on field trips, fill out the "Field Trip by Private Vehicle" form. Filling out forms & attending to clearances takes time & in some cases money. Please take care of these requirements promptly; there are teachers & students waiting anxiously for your helping hands, mind, body & spirit. Thank you for your interest.

### VOLUNTEER REGISTRATION FORM

It is important to note that before you can work in the classroom or in any capacity directly with the students we must have this "Volunteer Registration Form" on file in the office as well as state required tuberculosis (TB) & fingerprint clearance. Booster Club grants are available if these requirements are a financial hardship. If you plan to drive students on field trips, we must also have fingerprints, insurance details & license information.

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_

(w) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

**Physical or medical condition that we should be aware of:**

\_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**TB Clearance:** \_\_\_\_\_  
date

**Fingerprint Clearance:** \_\_\_\_\_  
date

# GARFIELD VOLUNTEER SURVEY

Name \_\_\_\_\_ Phone \_\_\_\_\_

Best time to call: \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_

**For whom would you like to volunteer?** (ok to choose more than one)

\_\_\_\_\_ Wherever needed \_\_\_\_\_ Early Primary (TK/K/1) \_\_\_\_\_ Middle Primary (2/3)

\_\_\_\_\_ Upper Elementary (4) \_\_\_\_\_ Upper Elementary (5-6)

**I am interested in volunteering in the following ways:**

\_\_\_\_\_ assembling materials for use by the children

\_\_\_\_\_ assisting in small group lessons

\_\_\_\_\_ assisting with special features & independent choice time such as cooking,  
woodworking, art projects, sewing, games etc...

\_\_\_\_\_ assisting during special events

\_\_\_\_\_ driving for field trips

\_\_\_\_\_ helping with the garden & taking care of the flower beds/weeding

\_\_\_\_\_ shelving books

\_\_\_\_\_ Science Fair / History Day

\_\_\_\_\_ fundraising

**I am available:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

\_\_\_\_\_ 1X per week \_\_\_\_\_ every other week \_\_\_\_\_ 1x per month \_\_\_\_\_ occasionally as needed

**I have access to an appropriate place for a field trip. It is:** \_\_\_\_\_ a garden/farm

\_\_\_\_\_ a business, which is \_\_\_\_\_ other (please specify) \_\_\_\_\_

**I have a special skill, talent, resource etc... I would like to share in the classroom. It is:** \_\_\_\_\_

**Thank you for taking time out of your busy life to volunteer!**



## Field Trip Driver Form

Driver's Name: \_\_\_\_\_

Driver's License No. &amp; State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ Vehicle License No.: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage:    Bodily Injury - Per Person        \$ \_\_\_\_\_  
                 Bodily Injury - Per Occurrence    \$ \_\_\_\_\_  
                 Medical Payments                    \$ \_\_\_\_\_  
                 Property Damage                     \$ \_\_\_\_\_

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

I understand that if I drive my personal automobile while on school business and I am involved in an accident, by law my own insurance policy is used first. The District liability policy would be used only after my liability policy limits for my vehicle have been exceeded. The District does not insure, nor is it liable for, comprehensive and collision coverage.

I certify that the above information is correct and that I have a VALID California Drivers License, ACTIVE automobile insurance, and seat belts for EACH individual.

Date: \_\_\_\_\_ Vehicle Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

School \_\_\_\_\_

Class/Group \_\_\_\_\_

Destination \_\_\_\_\_

Date of Trip \_\_\_\_\_

Driver is (check one)

- ☐ An employee of the District  
☐ Adult other than the parent of a student making the trip  
☐ Parent/guardian of a student making the trip

Relationship to student \_\_\_\_\_