

Scott M. Leaman Elementary

Volunteer Information

Thank you for your interest in volunteering at our school! We appreciate all help and have established the following guidelines to help this experience run as smoothly as possible.

California State Law requires all school volunteers to:

- ♦ **Have a current TB test with negative results or a clear chest x-ray on file in the school office** (this can be done at any medical facility).
- ♦ Sign in and get a volunteer sticker each time you visit our campus.

***** Additionally, you will need to have a Live Scan (fingerprints) through WPUSD on file in the school office. You will also be required to provide a proof of COVID vaccination or negative COVID test (at home test not accepted). The negative COVID test will need to be provided each week that you are volunteering. Thank you!**

Each teacher has different needs/preferences on how he/she manages classroom volunteers. However, the following are a few simple guidelines that are helpful in all classrooms:

- ♦ Enter and exit the classroom quietly.
- ♦ Turn your cell phone on silent and step outside if you need to use it.
- ♦ Remember ALL files, work, grades and discussions about students are confidential. Please be respectful of all students, staff members and families.
- ♦ If you have questions or would like to discuss your child's progress with the teacher, please schedule a time after class hours so academic time is not interrupted.
- ♦ When the teacher is doing a lesson with the whole class please avoid chatting with other adults or making extra noise in the room as background noise is very difficult to teach over.



We ♥
Volunteers



Scott M. Leaman Elementary

Volunteer Information Form



Volunteer Name _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

_____ I am a parent/grandparent of a Leaman Elementary student

Student Name _____ Relation to student _____

_____ I am a Sun City Volunteer

_____ Other: Please explain _____

I will be volunteering in the following class(es) _____

Additional questions, comments or information that would be helpful for the teacher/office to know: _____

** For office use only

TB Clearance	Live Scan Clearance	COVID Clearance	