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## VOLUNTEER REGISTRATION INFORMATION

Please read the attached Volunteer Handbook for all Volunteer requirements by the Benicia Unified School District, complete the Registration Card, attach a copy of your current driver's license or valid state ID card with a clear picture and return to the school office.

**YEARLY** clearance is required by the Benicia Unified School District.

**NOTE:** If you plan to drive on field trips or school activities, please attach proof of insurance showing a minimum of 100/300K liability coverage.

*PLEASE PRINT CLEARLY – ALL FIELDS REQUIRED FOR CLEARANCE!  
INCOMPLETE INFORMATION MAY DELAY PROCESSING.*

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

**Children:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Site \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Site \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Site \_\_\_\_\_

**Person to contact in case of emergency:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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**OFFICE USE ONLY**

CDL # or ID #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ coverage \_\_\_\_\_

Date of Last TB Test: \_\_\_\_\_ Results: pos. \_\_\_\_ neg. \_\_\_\_

Megan's Law Cleared: Yes \_\_\_\_\_ No \_\_\_\_\_

All information verified by: \_\_\_\_\_ on: \_\_\_\_\_

# BENICIA UNIFIED SCHOOL DISTRICT

**TO: All BUSD Volunteers**  
**RE: Workers' Compensation Coverage**

This is to advise you that BENICIA UNIFIED SCHOOL DISTRICT has adopted a Board Resolution to cover authorized volunteers for the purpose of Workers' Compensation Benefits. Workers' Compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in the services of BENICIA UNIFIED SCHOOL DISTRICT.

Should you be injured while serving in this capacity, and therefore covered under our Workers' Compensation Self-Funded Program, we need to advise you that you would not be eligible to file any civil claim, action, or proceeding.

By signing this document, you acknowledge that Workers' Compensation benefits will be the sole remedy and agree to waive any civil liability.

**Signature:** \_\_\_\_\_

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

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**RE: Clear Tuberculosis (TB) Verification**

The Benicia Unified School District requires that all employees and volunteers who are working directly with students must present a Verification of Clear Tuberculosis result which has been taken within the last four (4) years. Tuberculosis verifications are valid for four (4) years.

**Please submit a copy of your recent TB test result to your School when returning your completed Volunteer Registration Form.**

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**RE: School Activities / Field Trips  
Volunteer/Chaperone Assistance**

Prior to assuming a volunteer position that involves the **direct supervision** of students in a district-sponsored student activity program, a volunteer shall either obtain both a DOJ and FBI criminal background check through the district or possess an Activity Supervisor Clearance Certificate issued by the CCTC. (Education Code 40924)

**If attending any School/District sponsored activity and/or field trip, where you will be responsible for the direct supervision of students, this includes the transportation of students in your private vehicle, the Teacher in charge or School will furnish you with the Department of Justice Fingerprint clearance form and instructions.**