Thank you for your interest in becoming a mentor. The CHSSS Unit of the Sacramento City Unified School District is excited to provide this opportunity for you to get involved in making a difference in the life of a child.

Navigators Mentor Program is designed specifically for students in the 6th, 7th and 8th grades, to help guide them through the transitional years of middle school and prepare them for high school. Through this program volunteers have opportunity to empower a young person toward success, and to be a ‘champion’ for that same child as they help the student increase their connection to school, community, and family. *Mentors in this program commit to one hour a day, one day a week, for at least a full semester – preferably a year.* Additional special events will be planned for one Saturday morning a quarter.

<table>
<thead>
<tr>
<th>School</th>
<th>Days</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earl Warren Elementary School</td>
<td>Tuesdays</td>
<td>12:05 – 1:05</td>
<td>5420 Lowell Street (near Fruitridge Blvd. &amp; 65th Street Expressway)</td>
</tr>
<tr>
<td>Charles M. Goethe Middle School</td>
<td>Wednesdays</td>
<td>11:10 – 12:10</td>
<td>2250 - 68th Avenue (near 24th Street &amp; Florin Road)</td>
</tr>
<tr>
<td>Will C. Wood Middle School</td>
<td>Thursdays</td>
<td>11:30 – 12:30</td>
<td>6201 Lemon Hill Avenue (on the corner of Lemon Hill &amp; 65th Street Expressway)</td>
</tr>
<tr>
<td>Mark Hopkins Elementary School</td>
<td>Fridays</td>
<td>12:00 – 1:00</td>
<td>2221 Matson Drive (near 24th Street &amp; Florin Road)</td>
</tr>
</tbody>
</table>

The information requested in this application will be used to match adult mentors with selected students at the applicant’s preferred school. Potential mentors will be contacted to schedule interviews.

If you are unable to commit to the upcoming semester, but are interested in future semesters, please complete your application as soon as possible, indicating your scheduling preferences on the application.

Once completed, please submit this application to:

Sonja Stires  
Youth Development Support Services  
5735 47th Avenue, Box 767  
Sacramento, CA  95824  
(916) 643-7990  Phone  
(916) 643-9469  Fax
Mentor Application

SCUSD VOLUNTEER REGISTRATION FORM (VR-2 Rev. 1/27/06)
Please complete and return with application. NOTE: An application will not be considered valid unless all sections are completed, and the application has been dated and signed. (This form needed for District Records)

PERSONAL INFORMATION  Date of Application__________________

First Name        Middle Initial         Last Name
____________________________________________________________

Home Address  City    Zip Code
Cross Street/Neighborhood________________________________________

(_____)______________________    (_____)________________________
Home Telephone             Office Telephone
(_____)_______________________     ______________________________
Cellular or Message Telephone   E-Mail Address
Place of Employment____________________________________________

Emergency Contact______________________________________________

For security reasons, a background check will be done. References will be checked. Volunteer service may be terminated if service is unsatisfactory or no longer needed by the school district.

OPTIONAL INFORMATION:

Sex: [ ] Female  Ethnic Group: [ ] African-American
[ ] Male      [ ] Caucasian
[ ] Student [ ] 18-21  [ ] American Indian
[ ] 22-49   [ ] 50-65       [ ] Asian/Pacific Islander
[ ] 65+       [ ] Other________________________

Other: [ ] Retired [ ] Business Volunteer [ ] State Employee

SCHOOL/SITE:  NAVIGATORS MENTOR PROGRAM

INITIAL to confirm that the following required verifications have been completed:

Driver License ID/ No: ___________ Expiration Date: ___________
Volunteer Reference check by: ___________ Date: ___________
Cleared Date: __________________________

☐ Background Check Authorization Submitted Date: ___________
Cleared Date: __________________________

Verification of TB test results (current within last four years) provided to site by applicant. 

Actual Date of Reading: __________________________

Please submit original registration form to the Volunteer Office at Box 758 Date: __________

I verify that the above security and safety checks on this volunteer have been completed by staff at my site or by district staff.

Name: Sonja Stires, Supervisor IV Signature __________________________
ADDITIONAL INFORMATION

Please list any additional experience you have had mentoring, working with youth, volunteering, or in community service (please note the details of the experience: where, when, and your role or responsibility)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Personal statement – Briefly share with us why you believe mentoring is important, and why you would like to become a mentor.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Background Information

Have you ever been:
  b. Arrested for a crime against a child? Yes No
  c. Arrested for a violent felony? Yes No
  d. Arrest for a sex crime? Yes No

If you answered “yes” to any of the above, can you produce a written declaration of a “Finding of Factual Innocence” as described in the California Penal Code, Section 851.8 et. seq.? Yes No

Have you ever been convicted of any crime within the past 5 years of this date (including vehicular misdemeanors or felonies but not vehicle code infractions?) Yes No

Are you currently undergoing prosecution for any crime (including misdemeanors or felonies but not vehicle code infractions?) Yes No

Have you ever been convicted of any crime not mentioned above? Yes No

If you have answered “yes” to any of the questions above, please explain. (Attach additional sheets as necessary) ____________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Agreement

Please initial
As an applicant to be a mentor with the Navigators Mentor Program, I understand and agree:

1. To submit to an investigation of suitability as a volunteer, including, but not limited to, being fingerprinted, undergoing a criminal background check, three personal references, and a “Megan’s Law” database of registered sexual offenders check.

2. That my application may be disqualified upon record of misconduct, including criminal record, past convictions or current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect.

3. That upon successful completion of the screening and training, I will serve as a volunteer for the minimum required amount of time.

4. To participate in ongoing supervision and continuing education as suggested.

5. To maintain strict confidentiality.

Please read before signing:

I, ____________________________, hereby affirm that all of the answers provided on my volunteer application are true.

I acknowledge that intentional falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that the Navigators Mentor Program will interview me about my background, motivation, expectations and other personal qualities that might have a bearing on my appropriateness for this program. I also understand that the Navigators Mentor Program will review references and will consider any and all facts concerning my qualifications for becoming a volunteer. No individual will be rejected because of race, religion, physical handicap, sexual preference, marital status, culture or economic status.

I understand the best interests of the youth must be the first consideration. Further, I understand that (1) I am not obligated, if called upon, to perform the volunteer services applied for, and (2) the school district is not obligated to assign, or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of the district will be held confidential within the agency, unless the law requires disclosure. Specifically, I understand that incidents of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to the proper authorities.

I understand that certain information about me will be discussed with the parent/guardian of the child with whom I am matched. In addition, I understand that if there is information about me that I do not want repeated, I must discuss this with the Navigators Mentor Program staff.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of the Navigators Mentor Program. I also understand that due to the legal issues, picture taking of the mentees is allowed only with express consent of the program.

Signature: ____________________________ Date: ______________
Printed Name of Applicant: ____________________________

PHOTO RELEASE

I, ____________________________, authorize the use of my photograph for school/district publicity purposes.

I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents, and volunteers from any and all liability arising out of, or connection with, the use of my photograph and all liabilities associated with any and all claims related to such use of my photograph. For the purposes of this release, ‘liability’ means all claims, demands, losses, causes of actions, suits or judgments of any and every kind that arise as a result of the above described activity and resulting from any cause other than the district’s gross negligence.

Signature: ____________________________ Date: ______________
Printed Name of Applicant: ____________________________
Volunteer Applicant ________________________________

Please list two references that can verify your current or past work/volunteer experience, as well as serve as personal character references. (These could include your past/present supervisor, instructors or a clergyperson.)

Please give complete information:

1. Name_______________________________________________________________________
   Organization/Position__________________________________________________________
   Address_____________________________________________________________________
   City_________________________________________________State______Zip__________
   Telephone (________)_______________________  (________)________________________
      Day       Evening

2. Name________________________________________________________________________
   Organization/Position___________________________________________________________
   Address_____________________________________________________________________
   City__________________________________________________State______Zip__________
   Telephone (________)_______________________  (_______)__________________________
      Day       Evening

I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents and volunteers from any and all liability arising out of or in connection with this reference check and all liabilities associated with and all claims related to checking my references. For the purposes of this release, 'liability' means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.

_________________________________________           __________________________
Signature of Volunteer Applicant      Date
Mentor Application

VOLUNTEER REFERENCE CHECK CONTACT FORM
(RC-2a Rev. 01/27/06)

Dear ____________________________________:

_______________________________________ has applied to work as a volunteer in the Sacramento City Unified School District. Would you please take a moment and answer the confidential questions below? Your time and careful thought will enable us to make an appropriate placement. Since the volunteer cannot be placed until all background checks are completed, it is important that this form be returned to our office as soon as possible. Please mail the completed form to Sonja Stires, Navigators Mentor Program, 5735 47th Avenue, Box 767, Sacramento, CA 95824. You may also fax the form to us at 916-643-9469.

If you prefer to speak with us directly, please call SONJA STIRES at 916-643-7990.

I give my approval for the Sacramento City Unified School District to contact the above named person to check my references.

_______________________________________
Volunteer Applicant Signature

TO BE FILLED OUT BY REFERENCE

☐ Check here if you DO NOT wish to provide a reference for this potential mentor.

1. How long have you known the applicant? _____________________________________

2. How well do you feel you know the applicant?   ☐ Acquaintance only   ☐ Very well   ☐ Fairly well

3. What is the nature of your relationship with the applicant? Choose all that apply.
   ☐ Employer   ☐ Friend   ☐ Neighbor   ☐ Family friend   ☐ Medical doctor
   ☐ Teacher   ☐ Co-worker   ☐ Counselor   ☐ Other ____________________________

4. Which of the following best describes your perception of the applicant? Choose all that apply.
   ☐ Positive   ☐ Negative   ☐ Reliable   ☐ Outgoing   ☐ Shy   ☐ Flexible
   ☐ Assertive   ☐ Tolerant   ☐ Impatient   ☐ Patient   ☐ Detail-oriented   ☐ Loses interest in projects

5. How would you rate this person’s relationship to youth in general? Check all that apply.
   ☐ Friendly   ☐ Distant   ☐ Lacks experience   ☐ Stern   ☐ Well-liked   ☐ Caring
   ☐ Impatient   ☐ Understanding   ☐ Don’t know   ☐ Other ________________

6. How would you characterize this person’s relationship with peers? Check all that apply.
   ☐ Unhappy   ☐ Rewarding   ☐ Uncommunicative   ☐ Sharing
   ☐ Caring   ☐ Unaffectionate   ☐ Don’t know   ☐ Other ________________

7. Have you ever seen the applicant in a situation where s/he interacted with children? If yes, in what capacity? What were the ages and sex of the children?

__________________________________________________________________________

8. Would you feel comfortable with the applicant mentoring your own child?   ☐ Yes   ☐ No   ☐ Unsure

9. Are there any other comments you would like to make on the candidate’s behalf?
__________________________________________________________________________

__________________________________________________________________________

Respondent’s name (print) ___________________________ Date ________________

Respondent’s signature ________________________________
Dear ______________________________________:

_________________________________________ has applied to work as a volunteer in the Sacramento City Unified School District. Would you please take a moment and answer the confidential questions below? Your time and careful thought will enable us to make an appropriate placement. Since the volunteer cannot be placed until all background checks are completed, it is important that this form be returned to our office as soon as possible. Please mail the completed form to Sonja Stires, Navigators Mentor Program, 5735 47th Avenue, Box 767, Sacramento, CA 95824. You may also fax the form to us at 916-643-9469.

If you prefer to speak with us directly, please call SONJA STIRES at 916-643-7990.

I give my approval for the Sacramento City Unified School District or a specific school site to contact the above named person to check my references.

____________________________________
Volunteer Applicant Signature

TO BE FILLED OUT BY REFERENCE

☐ Check here if you DO NOT wish to provide a reference for this potential mentor.

1. How long have you known the applicant? _________________________________________________

2. How well do you feel you know the applicant?  ☐ Acquaintance only  ☐ Very well  ☐ Fairly well

3. What is the nature of your relationship with the applicant? Choose all that apply.
   ☐ Employer  ☐ Friend  ☐ Neighbor  ☐ Family friend  ☐ Medical doctor
   ☐ Teacher  ☐ Co-worker  ☐ Counselor  ☐ Other _________________________________

4. Which of the following best describes your perception of the applicant? Choose all that apply.
   ☐ Positive  ☐ Negative  ☐ Reliable  ☐ Outgoing  ☐ Shy  ☐ Flexible
   ☐ Assertive  ☐ Tolerant  ☐ Impatient  ☐ Patient  ☐ Detail-oriented  ☐ Loses interest in projects

5. How would you rate this person’s relationship to youth in general? Check all that apply.
   ☐ Friendly  ☐ Distant  ☐ Lacks experience  ☐ Stern  ☐ Well-liked  ☐ Caring
   ☐ Impatient  ☐ Understanding  ☐ Don’t know  ☐ Other ____________________________

6. How would you characterize this person’s relationship with peers? Check all that apply.
   ☐ Unhappy  ☐ Rewarding  ☐ Uncommunicative  ☐ Sharing
   ☐ Caring  ☐ Unaffectionate  ☐ Don’t know  ☐ Other ______________________________

7. Have you ever seen the applicant in a situation where s/he interacted with children? If yes, in what capacity? What were the ages and sex of the children?

8. Would you feel comfortable with the applicant mentoring your own child?  ☐ Yes  ☐ No  ☐ Unsure

9. Are there any other comments you would like to make on the candidate’s behalf?

____________________________________________

Respondent’s name (print) ___________________________ Date __________________

Respondent’s signature _______________________________________________________________
VOLUNTEER BACKGROUND CHECK AUTHORIZATION
(BC-2 Rev. 01/27/06)

FOR SITE/PROGRAM: NAVIGATORS MENTOR PROGRAM – YOUTH DEVELOPMENT OFFICE

IMPORTANT: This form is for volunteers not under direct supervision of SCUSD certificated staff, or those working in programs where such screening is required. The prospective volunteer is instructed to bring this letter, along with a valid California Driver’s License or California Identification Card, plus their Social Security number to the Human Resources Office in the Serna Center in order to initiate the background check process. There is a fee of $68 for this process (covered by the Navigators Mentor Program).

SIGNATURE OF SUPERVISOR______________________________________DATE________________
PRINT NAME Sonja Stires
E-MAIL ADDRESS Sonja-Stires@sac-city.k12.ca.us PHONE 916-643-7990
BUDGET CODE: ____ - ____ - ____ - 6 - 5800 - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Prior to beginning any assignment, SCUSD Board policy requires that all volunteers be cleared to work by the Department of Justice.

I understand this requirement and will not volunteer with the district until clearance is received from the SCUSD Human Resources Office.

I have received a copy of district rules and regulations for volunteers [BP1240 and AR 1240]

I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents and volunteers from any and all liability arising out of or in connection with this background check and all liabilities associated with and all claims related to this background check. For the purposes of this release, 'liability' means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.
Prospective Volunteer's Signature______________________________________Date__________

PLEASE PRINT NEATLY
Name (First/MI/Last) __________________________________________________________________
Address _______________________________________________________________________________
City ____________________________ Zip Code ________ Telephone (______) ________________

A conviction may not necessarily disqualify you from the volunteer job for which you have applied. Convictions include diversionary offenses, or other offenses that have been plea-bargained, or for which you have pleaded no contest. Failure to reveal convictions is grounds for immediate termination.

Have you ever been convicted of a felony or misdemeanor? Yes____ No____
If the answer is YES, please explain (on the other side of paper):
SCUSD Board Policy

Community Relations

BP 1240 (a): VOLUNTEER ASSISTANCE

The Governing Board encourages parents/guardians and other members of the community to share their time, knowledge and abilities with our students. Community volunteers in our schools enrich the educational program and strengthen our schools' relationships with homes, businesses, public agencies and private institutions. The presence of volunteers in the classroom and on school grounds also enhances supervision of students and contributes to school safety.

The Superintendent or designee may authorize the use of volunteers and shall establish procedures to protect the safety of students and adults in accordance with laws related to tuberculosis testing, fingerprinting and criminal records checks.

(See 4127/4127/4327 - Temporary Athletic Team Coaches)

Volunteers shall act in accordance with district policies, regulations and school rules. At his/her discretion, a staff member who supervises volunteers may ask any volunteer who violates school rules to leave the campus. Staff members also may confer with the principal or designee regarding any such volunteers. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

(See 0410 - Non-Discrimination in District Programs and Activities)
(See 3144 - Discipline)
(See 6144 - Controversial Issues)

Volunteer maintenance work shall be limited to those projects which do not replace the normal maintenance duties of classified staff and are consistent with employee contracts.

Volunteer aides shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off. (Education Code 35021)

The Board encourages principals to develop a means for recognizing the contributions of each school's volunteers.

Legal Reference:

EDUCATION CODE
35000. Volunteer aides
35001. Automated records check
44010. Sex offenses; definition
44272. Classroom participation by college methodology faculty
44814. Duty-free lunch periods
44815. Noncertified supervision
45125. Fingerprinting requirements
45340. 45349. Instructional aide act; especially:
45341. Instructional aide proficiency in basic skills
45347. Instructional aides as classified employees
45349. Volunteers
45360. 45367. Teacher aides
49206. Examination for tuberculosis

GOVERNMENT CODE
3100-3109. Oath or affirmation of allegiance
3543.2. Prohibited interference with employees' rights
96101. 96114. Academic Volunteer and Mentor Service Act of 1997

HEALTH AND SAFETY CODE
15266.7.1. Fingerprints of individuals in contact with child day care facility clients

LABOR CODE
35544.1. Persons performing voluntary services for school districts

PENAL CODE
290.4. Information on sex offenders

CODE OF REGULATIONS, TITLE 5
18169. Personal duties with infants and toddlers

CODE OF REGULATIONS, TITLE 22
Mentor Application

Policy
drafted: November 16, 1998
reviewed: November 5, 2001

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Sacramento, California

AR 1240 (a): VOLUNTEER ASSISTANCE

Definitions
Volunteer nonteaching aides may supervise students during lunch and/or breakfast periods or may serve as nonteaching aides under the immediate supervision and direction of certificated personnel to perform noninstructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. (Education Code 33021, 44814, 44815)

Volunteer instructional aides may assist certificated personnel in the performance of their duties, in the supervision of students, and in instructional tasks which, in the judgment of the certificated personnel to whom the instructional aide is assigned, may be performed by a person not licensed as a classroom teacher. These duties shall not include assignment of grades to students. An instructional aide need not perform his/her duties in the physical presence of the teacher, but the teacher retains responsibility for the instruction and supervision of students in his/her charge. (Education Code 45323, 45324)

Facilities project volunteers may work on short-term facilities projects pursuant to Governing Board policy.

Sex Offender Checks
Before authorizing any person to serve as a volunteer nonteaching aide or a volunteer instructional aide, the Superintendent or designee shall ask a local law enforcement agency to conduct an automated records check or shall call the Department of Justice to determine that the individual is not a registered sex offender. Volunteers shall be informed that the district is conducting this records search.

Tuberculosis Testing
All volunteer instructional aides shall submit evidence that they are free from active tuberculosis at least once every four years pursuant to Education Code 49406. (Education Code 45106, 45367, 45349, 49406) All volunteers in child care and development programs shall be tested for tuberculosis within 60 days before or within seven days after the volunteer service begins. Staff shall also maintain annual follow-up reports indicating that the volunteer is free from tuberculosis. (SCCR 18168)

Fingerprinting
All volunteers in child care and development programs shall be fingerprinted for criminal record clearance if they have contact with children. (Health and Safety Code 3596.871)

Basic Skills Proficiency
All volunteer instructional aides shall give evidence of basic skills proficiency. (Education Code 45344.5, 45349)
(cf 4212 Appointment and Conditions of Employment)
(cf 4222 Teacher Aides/Paraprofessionals)

Workers’ Compensation
Unsalaried volunteers shall be considered employees of the district for workers’ compensation insurance purposes. If injured while serving as volunteers in the district, they should file workers’ compensation insurance forms provided by the district office.

Regulation
approved: November 16, 1998
reviewed: June 11, 2002

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Sacramento, California

C:\My Documents\VOLUNTEER OFFICE\SCUSD Board Policy doc