



POWAY UNIFIED SCHOOL DISTRICT VOLUNTEER CODE OF CONDUCT

In my role as a Poway Unified School District volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the principal's office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
5. I will not solicit outside contact with students or give gifts or cards to students without administrative approval.
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
8. I will avoid online interactions with students on social networking and messaging apps outside of those websites/pages dedicated for educational use.
9. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
10. I will not disclose, use, or disseminate student photographs or personal information about students or others.
11. I will not use any electronic listening or recording device in any classroom without the prior consent of the teacher and principal, per Education Code 51512.
12. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
13. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
14. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not required pursuant to Penal Code 290.95 to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me.

I agree to follow the District Volunteer Code of Conduct at all times in my role as a Poway Unified School District volunteer or cease volunteering immediately.

Name - Printed

Signature of Volunteer

Date

VOLUNTEER CODE OF CONFIDENTIALITY



Poway Unified School District is committed to maintaining the security and confidentiality of all student records and information. Selected volunteers with access to student records or information must adhere to the Volunteer Code of Confidentiality as outlined in the guidelines below, which are consistent with the requirements of the Family Educational Rights and Privacy Act (FERPA). Violations of these guidelines may result in a reassignment and/or restriction of the volunteer's responsibilities by the administrator or designee.

All student records should be considered confidential and must be handled appropriately.

Directory information, including student's name, address, telephone number, date and place of birth, student's photograph, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degree and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.

Records should not be left in a place where they can be viewed by others.

Copies of records can only be shared with administrative approval.

Volunteers should not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher.

Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member that supervises the volunteer, and/or school administrator.

Any knowledge of a violation of this Code of Confidentiality should be immediately reported to the staff member that supervises the volunteer, and/or school administrator.

By signing, I acknowledge that I have read, understand, and will comply with the Volunteer Code of Confidentiality.

Volunteer Signature

Date

Volunteer Printed Name

Administrator Signature

Date

Poway Unified School District

ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY
AGREEMENT FOR VOLUNTARY ACTIVITY

[X] Cocurricular

[X] Extracurricular

[X] Club

[X] ROP

[X] On Campus

[X] Off Campus

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims, which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described below.

INSTRUCTIONS: THIS FORM IS INTENDED FOR TRIP PARTICIPANTS OTHER THAN PUSD EMPLOYEES, INCLUDING STUDENTS, PARENTS, AND APPROVED GUESTS.

X I, (Participant's Full Name) _____, have voluntarily decided to allow my child/or myself to participate in the activity or activities shown below:

Description of activity: See Robotics calendar for dates and times of events at

Date(s) of activity: www.teamspyder.org Time of Activity: [] A.M. to [] A.M. [] P.M. to [] P.M.

Location: _____

Name of Sponsoring School or Club: Robotics

If activity is off campus, transportation will be by: [] School Bus [] Charter Bus [] Private Auto [] Walking [] Airline [] Other _____ District policy states that students are not allowed to transport other students to or from activities.

1. Acknowledgement of Voluntary Participation. I, and/or participant, understand and acknowledge that my child's or my participation is NOT required by the School District, and that I voluntarily authorize participation in the above activity.

2. Assumption of Risk. I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by the School or District, or any of their officers, agents, or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not be limited to:

- Sprains/strains •Communicable diseases •Fractured bones •Unconsciousness
•Head, face, or dental injuries •Loss of eyesight •Paralysis •Disability or death
•Other: _____

I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown that may arise in connection with the activity.

3. Release From Liability. I, and/or participant, hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action against Poway Unified School District, its officers, agents, and employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant's engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of the District, or any of its officers, agents, or employees.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

X _____ () _____
Date Signature of Parent or Adult Participant Home Phone Number

_____ () _____
Date Signature of Student (if over 18 years of age) Work or Cell Number