



Galt Joint Union Elementary School District

1018 C Street, Suite 210, Galt, CA 95632

209-744 4545 / 209-744-4553 fax / www.galt.k12.ca.us

GALEP VOLUNTEER APPLICATION

Galt Horse-Assisted Learning and Enrichment Program

NAME _____ DRIVER'S LIC# _____
(Last) (First) (MI)

ADDRESS _____

PHONE NUMBER _____ BIRTHDATE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY PHONE _____

CRIMINAL BACKGROUND:

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? _____ If yes, please explain. You may omit minor traffic violations. Drunk or reckless driving is not a minor offense. (The existence of a criminal record does not automatically bar you from volunteering. However, failure to report is cause for disqualification or dismissal.)

MEGAN'S LAW CLEARANCE:

Every adult wishing to participate in a school activity must be cleared through the Megan's Law Database. The site will conduct a Megan's Law background check (Penal code 290).

CONFIDENTIALITY:

I understand that in the course of my association with the Galt Joint Union Elementary School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

I further understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding student or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated may result in termination of volunteer involvement with the School District.

TB CLEARANCE:

The Galt Joint Union Elementary 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 when returning your completed Volunteer Registration

Form. *For your application to be complete you must submit proof of a negative TB test result.*

PHOTO RELEASE:

I hereby (circle one): consent do not consent

to photographing/videotaping and the use by GALEP and District of such photographs or videotapes for any purpose associated with the promotion of GALEP or GALEP's or the District's public benefit or educational activities or programs.

EMERGENCY MEDICAL CARE AUTHORIZATION:

In the case of injury or suspected injury, I authorize the administration of urgent or emergency care including the transportation to an urgent care or emergency care provider. Any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures and/or to provide medical care or treatment (including surgery) as they may deem reasonable or necessary under all circumstances. All costs and expenses associated with such care are solely my responsibility. Authorization to provide such emergency medical care is a requirement to participate in GALEP.

Date: _____ Signature: _____
(Adult Volunteer, Parent/Legal Guardian of Student Volunteer)

LIABILITY RELEASE:

There are inherent risks associated with horseback riding and interfacing with animals, including the unpredictability of the animals which will come into contact with the Volunteer. There are also natural and man-made conditions at the contemplated riding sites that may present potential risks of physical injury, harm, damage or death. To the fullest extent allowed by law, applicable to both GALEP and District (and their respective employees, agents and/or volunteers), I acknowledge and accept all such known and unknown risks, as well as risks that may arise from the providing/nonproviding of medical care or attention in response to any potential injury. I also waive and release for myself any potential claim for personal injury (up to and including death), property damage, and/or other harm, injury or loss.

Date: _____ Signature: _____
(Adult Volunteer, Parent/Legal Guardian of Student Volunteer)

WORKERS' COMPENSATION COVERAGE:

This is to advise you that Galt Joint Union Elementary 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 Galt Joint Union Elementary School District.

Should you be injured while serving in this capacity, and therefore covered under our Workers' Compensation 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.

Date: _____ Signature: _____
(Adult Volunteer, Parent/Legal Guardian of Student Volunteer)

To be completed by District personnel.

Megan's Law Cleared: Yes No Cleared by: _____ Date: _____

Date of Negative TB Test: _____

Copy of Driver's License: Yes No

District Office Signature _____ Date _____