Language Academy

Volunteer Application 2026-2027

Volunteers are an important part of our school community. Thank you for your interest in getting involved!

Before volunteering, all required volunteer paperwork must be completed and approved.

Applications should be turned into the front office.

Please allow up to two weeks for processing.

Applications will not be accepted until all items listed are attached:

- Volunteer Application
- Volunteer Code of Conduct
- TB test
- Copy of Government Issued Identification

(Please Print Clearly)

Applicant full name: _____

Applicant email: _____

Any questions regarding volunteering should be sent to the volunteer coordinator at srodgers1@sandi.net

Once approved you will receive a confirmation e-mail from the volunteer coordinator.

San Diego Unified
SCHOOL DISTRICT

SCHOOL VOLUNTEER APPLICATION

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____ SCHOOL YEAR: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ DATE OF BIRTH ____/____/____
(STREET) (CITY) (ZIP) MO/ DAY/ YR

HOME PHONE _____ E-MAIL _____

ID #_____ TYPE OF ID _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)

CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (PHONE)

Are you a new or returning SDUSD volunteer?	☐ New ☐ Returning
Are you also a volunteer at another SDUSD school?	☐ Yes ☐ No
If yes, please indicate the school(s):	
Do you have any criminal charges pending against you?	☐ Yes ☐ No
Have you ever been convicted* of a felony or misdemeanor?	☐ Yes ☐ No
Have you ever been convicted* of a sex, drug, or weapon related offense?	☐ Yes ☐ No
Are you required to register as a sex offender under Penal Code 290, 95?	☐ Yes ☐ No
If "yes," please explain:	
Please indicate whether you plan to drive for a field trip	☐ Yes ☐ No
Please list the name(s) of your child(ren):	

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or or verdict of guilty.

San Diego Unified SCHOOL DISTRICT

SCHOOL VOLUNTEER APPLICATION

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature	
Date	

_____TO BE COMPLETED BY VOLUNTEER COORDINATOR_____

TB test completed	Date:

Volunteer Category

⬜Category B	⬜Megan's Law database check cleared	Date:
⬜Category C	⬜SDUSD School Police background check cleared	Date:
⬜Category D	⬜LiveScan Fingerprinting cleared	Date:
⬜Category C/D	⬜Mandated Reporter Training Certificate	Date:

Type of volunteer (check if appropriate):

____Parent ____OASIS Volunteer ____Community ____RollingReader/EAR ____ CalWORKS

____Partner ____College Student ____Other

_____

Volunteer Service Ended (date) : _____

Reason for Leaving:

____Child no longer at school ____ Moved ____Illness ____ Employment ____ Requested to Leave ____ Other

_____

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB, MANDATED REPORTER TRAINING CERTIFICATE, AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS

San Diego Unified
SCHOOL DISTRICT

VOLUNTEER CODE OF CONDUCT

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show 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 who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure# 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow all COVID 19 health and safety protocols as established by the school sites.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

_____ _____

Print Name Signature

_____ _____

Date Phone Number

California School Employee Tuberculosis (TB) Risk Assessment Questionnaire

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded**:
  For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Employee Name: _____ **Employee ID**: _____

Assessment Date: _____ **Date of Birth**: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)
☐ **Yes** • If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.
☐ **No** (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked
☐ **One or more sign(s) or symptom(s) of TB disease** • TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
☐ **Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month • Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries. • Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.
☐ **Close contact** to someone with infectious TB disease during lifetime
Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. The Certificate of Completion (below) should be completed after screening is completed.

Certificate of Completion

To satisfy job-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Assessment Date: _____

Health Care Provider completing assessment or examination signature: _____

Please print, place label or stamp with Health Care Provider name and address (include number, street, city, state and zip code):

Please return to the Human Resources Division: 4100 Normal St., Room 1241 San Diego, CA 92103: tb@sandi.net: Questions: 619-725-8089

Did you know that Language Academy has two amazing parent organizations?

LANGUAGE ACADEMY PTSA
every child. one voice.
cada niño. una voz.
chaque enfant. une voix.

PTSA - Language Academy Parent Teacher Student Association

www.LAPTSA.org

Meetings are Tuesdays 5:30pm – 7pm on the below dates:

Aug 25th, Oct 27th, Jan 26th, March 23rd, May 25th

FOLA
THE LANGUAGE ACADEMY
Friends of the Language Academy
Enriching · Enhancing · Supporting
4961 64th Street, San Diego, CA 92115

FOLA - Friends of Language Academy

www.FOLASD.org

Meetings at 7pm on these dates via Zoom:

Aug 31st, October 5th, Feb 1st, March 1st,

April 6th, April 26th, May 10th, June 7th

Learn more about these organizations and what they do on the other side of this page.

Why does Language Academy have two parent volunteer-led organizations?

Our parent organizations serve three main purposes: community engagement, fundraising, and helping to allocate those funds for direct in-school support. Both organizations focus on specific but complimentary roles. Essentially, they work together to ensure that your child and your family have the best experience possible here at Language Academy.

FOLA (Friends of Language Academy) is the fundraising and direct school support arm. They put on two fundraising events during school hours: Read-a-Thon in the Fall and Jog-a-Thon in the Spring. Read-a-Thon funds are dedicated to the library and literacy programming. Jog-a-Thon funds go to a variety of initiatives such as assemblies, teacher grants, field trip buses, and in-school enrichment programming. FOLA meetings are on Zoom on scheduled Mondays.

PTSA (Parent-Teacher-Student Association) is the community engagement arm. They put on numerous after-school, non-fundraising events, such as Carnival, Dia De Los Muertos, Francophonie, and the Book Fair. Their goal is building the school community. PTSA meetings are on scheduled Tuesdays, in person, in the school auditorium. Both childcare and food are provided during meetings.

Why should I get involved?

We all intentionally chose Language Academy because we believe in language learning and what makes this school special. That shared commitment creates a unique opportunity to build a strong, connected community. Now that you are here, we want to include you in the processes, events, and decisions that make this school great and continue to make it thrive.

We do not expect everyone to do everything, but choosing one way to get involved makes a real difference. If you can lend your time to one committee, one event, or one small volunteer opportunity within these organizations, you would be making a positive impact.

Which organization would be a good fit for me?

Both organizations partner for things like campus beautification, campus cleanup, and promoting our school within the greater San Diego community.

If you want to be more engaged with fellow parents in after-school events, PTSA might be the place for you.

If you want to get to know your child’s school, the people who work there, and have a say in enrichment programming, FOLA might be your home.