

LIMITED SUPERVISED VOLUNTEER INFORMATION PACKET

TCOE calls upon community members to support various Student Events on a limited and occasional basis. Volunteers will work side by side with TCOE employees to assist in making these events successful for the students of Tulare County. This packet will provide the information needed to properly schedule volunteers in roles that will be beneficial for TCOE as well as to provide a fulfilling and enriching experience for the volunteer.

1. CONTACT INFORMATION					
First Name	Last	Name			
Address			St	ate Zip	
Primary Phone:	E-mail:				
Do You Have a Valid (State) Drive	er's License. □Yes	□No			
If yes, please list your license nu	mber:				
Emergency Contact Name					
Emergency Contact Telephone N	umber:				
2. VOLUNTEER EXPERIENCE					
Previous Volunteer Experience_					
Occupation (Past occupation if re	 etired):				
Other information that will help	us make a good match	such as educati	ion, gene	eral interests/hol	bbies)
Languages Spoken:					
3. VOLUNTEER AVAILABILITY					
Please Check All That Are Applica	ıble:				
☐ Mornings (M-F)	☐ Afternoons	(M-F)		Evenings (M-F)	
□ Weekends	☐ As Neede	ed		Other	
Do You Have Any Physical Condit	·		□Yes	□No	
Please note that volunteers are r	ot employees or indepe	ndent contracto	ors of TC	OE, and no	

compensation will be provided for volunteer services provided.

4. CRIMINAL HISTORY

Acknowledgement of	Education Code	section 35021
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Any person who is required to register as a sex offender is prin any capacity. (Education Code sections 35021, 45349; Pendunder penalty of perjury that I am <u>not</u> required to register as	al Code section 290 et. seq.). I declare
I understand that the TCOE staff will check the Megan's Law appears on it. \Box Yes \Box No	public database to determine if my name
5. PHOTOGRAPHIC RELEASE	
I hereby grant and convey to TCOE all right, title, and interest or audio recordings of me or my likeness or voice made by TC volunteer services to TCOE.	
6. RELEASE OF LIABILITY	
I hereby acknowledge that if accepted as a volunteer for TCO compensation plan while performing volunteer duties pursua agree that workers' compensation is my exclusive remedy for volunteer duties, including but not limited to bodily injury, pe damage, and that I waive seeking any other claim or actions employees, officers, agencies, other volunteers and officials. harmless TCOE for any and all liability, claims and demands v services I provide to TCOE as a volunteer.	int to Labor Code section 3363.5. I further any injury suffered while performing said ersonal injury, illness, death or property of any type whatsoever against TCOE, its I further agree to indemnify and hold
By signing below, I certify that all information provided in this	s document is true and correct.
If a volunteer is under 18 years of age a parent must also sign	n this document.
Signature Date_	
Parent Name and signature if volunteer is under 18 years of	f age.
Signature Date_	
Printed Name	

RETURN FORM TO:

Tulare County Office of Education Attn: Student Events 7000 Doe Avenue, Ste. A Visalia, CA 93291

Or

Fax (559) 651-0679, Email volunteer@tcoe.org