



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT B1

This application does not need to be entered in the Volunteer Management System online. **This form excludes overnight events. Volunteers for overnight events must complete the Tier II/III application online and be fingerprinted.**

LAUSD ON-DEMAND SAFETY VOLUNTEER APPLICATION (For Parents/Guardians/Extended Family Only) (Tier I Volunteer)

For volunteers supporting schools if the Superintendent or Local District Superintendent declares a Districtwide/Local Districtwide on-demand safety need requiring safety support from parent/guardians or extended family whose child attends the public school. A principal may request parents to sign-up to be an On-Demand Safety Volunteer before the Superintendent or Local District Superintendent declares the on-demand need.

School Name: _____

On-Demand Situation: _____

First Name

Last Name

Home Phone Number

Cell Number

Address

City

State

Zip Code

Name of Person to Contact in Case of Emergency

Relationship

Person's Phone Number

Name of Student

Relationship to Student

Please read the following agreement and sign below.

I agree to comply with the Los Angeles Unified School District's current policies regarding volunteers. I will maintain strict confidentiality regarding any, and all, information concerning or identifying a student. I will not photograph or videotape students for any purpose.

I am choosing to participate voluntarily at my own risk as a volunteer of the Los Angeles Unified School District through its School Volunteer Program.

COVID-19 is a highly contagious lethal virus with no known cure. The Los Angeles Unified School District (LAUSD) has no control over the virus and cannot guarantee that the school or site is safe from exposure to COVID-19. Please seriously consider that the risk of your voluntary participation is contracting COVID-19.

I acknowledge that I can be exposed to or contract COVID-19 while participating on campus as a volunteer. I have read and understood the above warning concerning COVID-19. I choose to accept and assume the risk of contracting COVID-19 to participate as a parent/guardian volunteer. The parent volunteer activity is of such value to me that I accept and assume the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the volunteer activities. I understand that if I do not execute this Waiver/Release, I will not be permitted to serve as a parent/guardian volunteer at any LAUSD school or site.



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT B1

I hereby expressly waive and release the LAUSD, the Board of Education of LAUSD, and its members, employees, and agents, from any and all liability, claims, lawsuits, or damages of any nature whatsoever arising directly or indirectly from COVID-19 infections or transmission related to my participation as a parent/guardian volunteer. I understand that this waiver means that I forever give up any rights to bring any claims or lawsuits for personal injuries, death, disease, or any other loss, including, but not limited to, claims of negligence, and forever give up any claim that I may have to seek damages, whether known or unknown, foreseen, or unforeseen, in connection with COVID-19. I understand and agree that this waiver and release is intended to be interpreted broadly in favor of LAUSD.

I attest that I am over 18 years of age and am the parent or legal guardian of an LAUSD student. By signing, I acknowledge reading and agreeing to the terms in the waiver and release of liability.

Volunteer Signature

Date

Do not write below this line. Staff use only.

This application may not be approved or implemented until the Superintendent or Local District Superintendent declares an On-Demand Safety Need.

DATE ON-DEMAND NEED DECLARED: _____

California Megan's Law Website Clearance Date: _____ Checked by: _____
Name and Title

Volunteer Commitment Form Date Signed: _____

Application Approved: _____ Application Not Approved: _____

Administrator or Designee's Signature: _____ Date: _____