FIELD TRIP/EXCURSION CHECKLIST FOR TEACHERS/TRIP COORD.

Directions: Requester keep track of your field trip paperwork with this checklist

School:_____

Your Name:_____

Destination:_____

Purpose of Trip:_____

Check When Completed:
MANDATORY FORMS

- ☐ Field Trip/Excursion Check List (this form, 2-sided) Follow all instructions.
- ☐ Field Trip Authorization Form
- ☐ Teacher Request Form (Curricular tie in for nonathletic trips)
- ☐ Promise to Pay (If Applicable) – EXAMPLE ENCLOSED
- ☐ Purchase Order for any purchases required EXCEPT Transportation (i.e. entrance tickets)
- ☐ Parental Consent Form/Bag Lunch Request (Form A, English/Spanish 2 Sheets)
- ☐ Parental Consent Form (Water Activities Form if Applicable)/Bag Lunch Request (Form A, 2-sided English/Spanish 2 Sheets)
- ☐ Chaperone Agreement
- ☐ Chaperone List
- ☐ Volunteer Clearance (T.B and Fingerprints)
- ☐ Driver Information (Valid license & insurance)
- ☐ Student List
- ☐ Transportation Waiver (if applicable)
- ☐ Brown Bag Lunch Request (Form B)
- ☐ Board Approved Out of Country Trip Contract (If Applicable)

Other Items to Consider:

Have you confirmed ALL your reservations?
***Destination, Transportation and Food Services**
Bridge Toll
***Will the bus be crossing a bridge that requires paying a fee**
Parent Parking
***Parking will vary for parents**
Do you have any additional stops?

_____

Principal Signature **Teacher/Trip Coordinator Signature** **Date**

By signing this form, I acknowledge all steps have been completed

Submit this completed checklist and documents to your Administrative Assistant

Pajaro Valley USD
Food·Nutrition
Services

Field Trip Meal Procedures

Teacher's Guide

Send Home with Students for Parents:

- Teacher sends **Parental Consent Form and Brown Bag Lunch Request FORM A** home with students. Parents are encouraged to return completed form indicating their Brown Bag lunch choice for their child on day of field trip.

Turn in FORM B with Field Trip Packet:

- Teacher uses **FORM B** to make a master list of students pre-ordering bagged lunches.

  (Any student who will need a special meal due to allergies should already have a medical statement on file with Food and Nutrition Services (FNS). These special meals will be clearly labeled for that individual student.)

- Turn in **FORM B** with Field Trip Packet. At pick up, a copy of **FORM B** will be provided along with student lunches for teachers to use as a roster check off list on day of Field Trip if **Method 2** is used (see below).

On the day of the Field Trip, follow your pickup method:

Method 1:

1. Students will go to the cafeteria and enter their student ID# to pick up their bagged lunches. FNS staff will track all meals that are picked up.

Method 2:

1. Teachers pick up meals for ALL students from the cafeteria (including a copy of **FORM B** provided by FNS).
2. At the field trip site, teachers MUST check off students' names as they receive lunch using **FORM B** (master list). **This record is a federal requirement in order for school district to receive reimbursement.**
3. Return completed **FORM B** to FNS staff upon returning from field trip.

Cancellation:

Please email pvusd_fieldtrip@pvusd.net **5 school days** prior to day of field trip.

Following this procedure helps reduce food waste!

Please contact Food and Nutrition Services for any questions at (831) 786-2325.

Pajaro Valley Unified School District

FIELD TRIP AUTHORIZATION FORM

To be completed by teacher or advisor for any student group leaving campus.

Must be emailed to pvusd_fieldtrip@pvusd.net at least 30 days prior to trip.

(1) _____ **(2)** _____ **(3)** _____ **(4)** _____
School Grade(s) # of Students # Miles-1 Way

(5) _____ **(6)** _____
Destination Purpose of Trip

(7) Date Options.
1st Choice _____ **2nd Choice** _____ **3rd Choice** _____

(8) GL# _____
Account #

DEPARTURE: **RETURN:**

(9) _____ **(10)** _____ **(11)** _____ **(12)** _____
Time Place Time Place

(13) _____ **(14)** _____
Adult in Charge Method of Transportation

(15) If private cars are used, is volunteer driver information on file? ☐ Yes ☐ No
(16) Signed Guardian permission slips on file? ☐ Yes ☐ No
(17) Will students be away over night? ☐ Yes ☐ No
(18) Out of State/Country ☐ Yes ☐ No (Contact Risk Management if Yes)
(19) If (17) is yes, please give name, address and phone of location where staying:

_____

_____

Telephone: _____

(20) Will special equipment (bikes, tools, etc.,) be used by students? ☐ Yes ☐ No
If yes, what equipment? _____

(21) Are prerequisites required (training, physical exams, waivers, etc.)? ☐ Yes ☐ No
If yes, describe _____

(22) Is there a requirement that district insurance cover any "outside" property or individual?
☐ Yes ☐ No (Such as a certificate of insurance/hold harmless agreement - Contact Risk Manager)

(23) Number of Chaperones _____ Attach list of names is **REQUIRED**. An adult must be present on the bus while transporting any students.

(24) Has additional insurance been obtained? ☐ Yes ☐ No

_____ _____
Signature: Teacher/Person in Charge Date

_____ _____
Signature: Principal Date

_____ _____
Signature: Assistant Superintendent Date

REMINDER:

Trips that include Swimming, Wading or possible water safety risks:

Lifeguards: 1 per 25 students;

Chaperone Ratio: see Regulation #6153
Grades K - 3: 1 to 4
Grades 4 - 6: 1 to 8

Pajaro Valley Unified School District

FIELD TRIP REQUEST FORM

School Name: _____

Names of all Teachers attending field trip: _____

_____

Grade Level: _____ Special Ed.?: _____

Destination of the Trip: _____ Date Trip to be taken: _____

Approximate departure and return time for the trip:

Depart: _____ Return: _____

Please list on next page, the names of chaperones that you will take on the fieldtrip.

Curriculum Connection (for non-Athletic events):

- Academic Standards Addressed:

- Describe in-class participation before field trip:

- Planned follow-up activities:

Teacher signature: _____ Date submitted: _____

Principal signature: _____ ☐ Approved ☐ Denied Date _____

Incomplete forms may delay approval process or may be returned to site for completion.

CEIBA PUBLIC SCHOOLS EXAMPLE

260 W. Riverside Drive
Watsonville, CA 95076
phone: 831-740-8800
fax: 831-740-8812

April 18, 2018

PVUSD Transportation and Business Department:

Please accept my assurance, as Executive Director, that Ceiba Public Schools will ensure that our total cost for each field trip is accounted and paid for when transportation is booked with PVUSD.

This assurance supercedes any prior agreements between Ceiba Public Schools Staff and PVUSD.

Sincerely,

Annie Millar

Annie Millar
Executive Director
Ceiba Public Schools | Ceiba College Prep
831-740-8460
annie.millar@ceibaprep.org

WC

EXAMPLE

Pajaro Valley USD
Food Nutrition Services

FORM A

Field Trip Brown Bag Lunch Request

2018-2019

For Parent or Guardian

Dear Parent/Guardian,

Your child's teacher has scheduled a field trip and Food and Nutrition Services can provide your child's lunch for this day. Students eligible for free or reduced meals can receive this lunch for no cost. Please fill out this form and return this letter with your student.

Student Name: _____ Student ID#: _____

Teacher: _____ Homeroom: _____

Please check one:

☐ No, my Student will bring his/her own lunch from home.

☐ Yes, my child would like to order a bagged lunch from school for the field trip.

✓ **By checking this box, your student may be charged (full pay or no cost) for the meal ordered for your student depending on their eligibility. Students that pay for lunch must have money on their account before the day of field trip to cover the cost of lunch. Please note that Brown Bag lunches are provided for no cost at qualifying CEP schools.**

All Brown Bag lunches includes:

- Fruits
- Vegetables
- Choice of fat-free chocolate milk or low-fat white milk

Please select a sandwich option:

☐ Peanut Butter & Jelly Sandwich (Default)

OR

☐ Soy Butter & Jelly Sandwich

☐ Yes, my child would like to order a Brown Bag lunch from school AND needs a **special meal** due to allergies or other health conditions. **Check this box ONLY if your child already has a Meal Accommodation set up and a medical statement on file with Food and Nutrition Services.**

Parent/ Guardian Signature: _____ Date: _____

Pajaro Valley USD
Food & Nutrition Services

FORMULARIO A

Solicitud de almuerzo en bolsa marrón para la excursión

2018-2019

Para padre o tutor

Estimado padre/tutor:

La maestra de su hijo ha programado una excursión y los servicios de Nutrición y alimentos [*Food and Nutrition*] pueden proporcionar el almuerzo de su hijo este día. Los estudiantes elegibles para almuerzo gratis o reducido pueden recibir este almuerzo sin costo. Por favor complete este formulario y devuelva la carta con su estudiante.

Nombre del estudiante: _____ ID# del estudiante: _____

Maestra/o: _____ Salón hogar: _____

Por favor marque uno:

☐ No, mi hijo traerá su almuerzo de casa.

☐ Sí, mi hijo le gustaría ordenar un almuerzo en bolsa marrón de la escuela para esta excursión.

✓ **Al marcar esta casilla, se le pueda cobrar a su estudiante (pago completo o sin costo) para la comida pedida para su estudiante dependiendo en su elegibilidad. Los estudiantes que pagan por su almuerzo deben tener dinero en su cuenta antes del día de la excursión para cubrir el costo del almuerzo. Tengan en cuenta que los almuerzos de bolsas marrón se proporcionan sin costo alguna en las escuelas CEP que califiquen.**

Todos los almuerzos de bolsa marrón incluyen:

- Frutas
- Vegetales
- Selección de leche de chocolate sin grasa o leche blanca bajo en grasa

Seleccione una opción de sándwich:

☐ Sándwich de mantequilla de maní y jalea
(Por defecto)

o

☐ Sándwich de mantequilla de soja y jalea

☐ Sí, mi niño le gustaría ordenar un almuerzo de bolsa marrón de la escuela Y necesita una comida de **necesidades especiales** debido a alergias u otras condiciones de salud. **Marque esta casilla SOLO si su niño y tiene un alojamiento de comidas y una declaración medica con los servicios de alimentación y nutrición.**

Parent/ Guardian Signature: _____ Date: _____

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
PARENTAL CONSENT FOR FIELD TRIP OR EXTRA CURRICULAR ACTIVITY AND EMERGENCY MEDICAL AUTHORIZATION FORM

Dear Parent / Guardian: **Kindly complete this voluntary excursion form and return this form to your child's teacher.**

My son/daughter/ward, _____ a student at _____ School, has my permission to participate in the following voluntary activity/field trip:

Field Trip/Extracurricular Activity: _____

Date of Field Trip: _____ **Departure Time:** _____ **Return Time:** _____

Describe Activity: _____

Mode of Transportation: _____

In the event of illness or injury, I hereby authorize Pajaro Valley School District personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Pajaro Valley Unified School District does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

I agree to hold the Pajaro Valley Unified School District officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct. California Education Code Section 35330

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone # _____ Emergency # _____

_____

Medical Insurance Carrier Policy Number Phone

My child has the following special medical needs: _____

My child has the following allergies: _____

My child will need to take the following medication: _____
(**Note:** If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

FAILURE TO RETURN <u>SIGNED FORM</u> WILL MEAN STUDENT WILL <u>NOT BE ALLOWED</u> TO PARTICIPATE IN THIS ACTIVITY/ FIELD TRIP.

<u>THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.</u>

Rev 1/02

DISTRITO ESCOLAR UNIFICADO DEL VALLE DE PAJARO
CONSENTIMIENTO DE LOS PADRES PARA VIAJE DE ESTUDIOS O ACTIVIDAD Y FORMULARIO DE AUTORIZACION PARA SERVICIOS MEDICOS DE EMERGENCIA

Estimables Padres / Tutores: **Favor de llenar este formulario de excursión voluntaria y regresarlo a el/ la maestro/ a de su hijo/ hija.**

Mi hijo/ hija/, _____ alumno/ a de la Escuela _____, tiene mi permiso para participar en la siguiente actividad voluntaria/ viaje de estudios:

Viaje de Estudios/ Actividad Extracurricular: _____

Fecha del Viaje de Estudios: _____ **Hora de Salida:** _____ **Hora de Regreso:** _____

Describan la Actividad: _____

Medio de Transportación: _____

En caso de enfermedad o heridas, por medio de la presente autorizo al personal del Distrito Escolar Unificado del Valle de Pájaro para usar su juicio en obtener servicios médicos de emergencia, incluyendo rayos equis, examen, anestesia, diagnosis o tratamiento médico, quirúrgico o dental, o tratamiento y cuidados en el hospital si se considera necesario a mejor juicio del personal médico del hospital o lugar que proporciona servicios médicos o dentales. Yo entiendo que el Distrito Escolar Unificado del Valle de Pájaro no tiene seguro médico que pague los costos del hospital o médicos que puedan incurrir a nombre de mi hijo/ hija.

Yo acuerdo de no culpar a los oficiales del Distrito Escolar Unificado del Valle de Pájaro, agentes y empleados de cualquier reclamo o responsabilidad, la cual puede surgir de, o en conexión con, la participación de mi hijo en esta actividad/ viaje de estudios. Yo asumo toda responsabilidad por la conducta de mi hijo/ hija y estoy de acuerdo a indemnizar al Distrito de cualquier reclamo en contra por la conducta de mi hijo/ hija. Código de Educación de California Sección 35330.

Yo entiendo totalmente que los participantes deben obedecer todas las reglas y regulaciones que gobiernan la conducta durante el viaje. Cualquier violación a esas reglas y regulaciones pueden resultar que el alumno sea enviado a su casa a costo de sus padres/ tutores.

Firma de los Padres/ Tutores: _____ Fecha: _____

Domicilio: _____ Teléfono # _____ # de Emergencia_____

_____

Compañía de Seguro Médico Número de la Póliza Teléfono

Mi hijo/ hija tiene las siguientes necesidades especiales médicas: _____

Mi hijo/ hija tiene las siguientes alergias : _____

Mi hijo/ hija tendrá que tomar el siguiente medicamento: _____
(**Nota:** Si la escuela no ha sido ya informada dela necesidad de dispensar medicamento, usted necesita reunirse con los oficiales escolares para hacer los arreglos necesarios)

EL FALLAR DE REGRESAR EL <u>FORMULARIO FIRMADO</u> SIGNIFICARA QUE EL ALUMNO <u>NO SERA PERMITIDO</u> DE PARTICIPAR EN ESTA ACTIVIDAD/ VIAJE DE ESTUDIOS.
<u>ESTE FORMULARIO DEBE SER LLEVADO EN EL VIAJE POR EL REPRESENTANTE ESCOLAR.</u>

Rev 1/02

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
PARENTAL CONSENT FOR A FIELD TRIP WHICH INCLUDES WATER ACTIVITIES AND EMERGENCY MEDICAL AUTHORIZATION FORM

Dear Parent / Guardian: **Kindly complete this voluntary water excursion form and return to your child's teacher.**

My son/daughter/ward, _____ a student at _____ School, has my permission to participate in the following voluntary **water activity**/field trip:

Water Activity/Field Trip: _____

Date of Activity: _____ **Departure Time:** _____ **Return Time:** _____

Describe Water Activity: _____

Mode of Transportation: _____

In the event of illness or injury, I hereby authorize Pajaro Valley School District personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Pajaro Valley Unified School District does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

Agree to hold the Pajaro Valley Unified School District officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct. California Education Code Section 35330

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

My Child/Ward knows how to swim:_____ **My Child/Ward does not know how to swim:** _____
(Please initial) (Please initial)

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone #_____ Emergency # _____

_____
Medical Insurance Carrier Policy Number Phone

My child has the following special medical needs: _____

My child has the following allergies: _____

My child will need to take the following medication: _____
(Note: If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

FAILURE TO RETURN SIGNED FORM WILL MEAN STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS WATER ACTIVITY/FIELD TRIP.

THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.

Rev 2/02

DISTRITO ESCOLAR UNIFICADO DEL VALLE DE PAJARO
CONSENTIMIENTO DE PADRES PARA VIAJE DE ESTUDIO QUE INCLUYE ACTIVIDADES EN EL AGUA Y FORMULARIO DE AUTORIZACION DE EMERGENCIA MEDICA

Estimables Padres / Guardián: **Favor de completar este formulario de excursión voluntaria en el agua y regresar a la maestra de su hijo/ hija.**

Mi hijo/ hija/ hijo adoptivo, _____un alumno en la Escuela _____, tiene mi permiso de participar en el siguiente voluntario viaje de estudios/ **con actividad en el agua**:

Viaje de Estudio/ Con Actividades En El Agua: _____

Fecha de la Actividad: _____/_____/_____ **Hora de Salida:** _____**Hora de Regreso:** _____

Describir la Actividad en el Agua: _____

Medio de Transportación: _____

En el evento de enfermedad o heridas, por medio de la presente autorizo al personal del Distrito Escolar Unificado del Valle de Pájaro de utilizar su juicio en obtener servicios médicos de emergencia, incluyendo rayos equis, examen, anestesia, diagnosis médica, cirugía o dental o tratamiento y cuidados de hospital si son considerados necesarios a mejor juicio del médico que atiende, cirujano o dentista hecho bajo supervisión de un miembro del personal médico o del hospital o lugar que presta servicios médicos o dentales. Yo entiendo que el Distrito Escolar Unificado del Valle de Pájaro no tiene seguro médico que pague los costos de hospital o médicos que puedan incurrir a nombre de mi hijo/ hija.

Yo estoy de acuerdo de no responsabilizar a los agentes, oficiales, y empleados del Distrito Escolar Unificado del Valle de Pájaro de cualquier responsabilidad o queja, que pueda suscitar de, o en conexión con, la participación de mi hijo en esta actividad/ viaje de estudio. Yo asumo toda responsabilidad por la conducta de mi hijo/ hija y estoy de acuerdo de indemnizar al Distrito de cualquier reclamo que suscite en contra como resultado de la conducta de mi hijo/ hija. Código de Educación de California Sección 35330

Yo entiendo totalmente que los participantes deben obedecer todas las reglas y regulaciones que gobiernan la conducta durante el viaje. Cualquier violación a esas reglas y regulaciones puede resultar en que ese individual se envíe a casa a cargo y gastos de sus padres/ tutores.

Mi Hijo/ Hija/ Hijo Adoptivo sabe cómo nadar:_____ (Poner Inicial) **Mi hijo/ hija/ Adoptivo no sabe cómo nadar:** _____ (Poner Inicial)

Firma de los Padres/ Tutores: _____ Fecha: _____/_____/_____

Domicilio: _____#de Teléfono_____#de Teléfono de Emergencia _____

_____

Empresa de Seguro Médico Número de la Póliza Teléfono

Mi hijo/ a tiene las siguientes necesidades especiales médicas: _____

Mi hijo/ a tiene las siguientes alergias: _____

Mi hijo/ hija necesita tomar el siguiente medicamento: _____
(Nota: Si la escuela no ha sido informada todavía de la necesidad de dispensar la medicina, usted tendrá que reunirse con oficiales escolares para hacer los arreglos necesarios)

EL FALLAR DE REGRESAR EL FORMULARIO FIRMADO SIGNIFICA QUE NO SE PERMITIRA QUE EL ALUMNO PARTICIPE EN EL VIAJE DE ESTUDIOS CON ACTIVIDADES EN EL AGUA.

ESTE FORMULARIO DEBE SER LLEVADO EN EL VIAJE POR EL REPRESENTANTE ESCOLAR.

Rev 2/02

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
CHAPERONE AGREEMENT FORM

Name of School: _____ Date: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

Mode of Transportation: _____

I agree to hold Pajaro Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity. Education Code Section 35330

I agree to chaperone the students assigned to me on the above date. I will stay with my group from the beginning of the excursion to the end and will not leave my group of students un-chaperoned at any time during this excursion. In the event this Field Trip/Excursion involves a water activity, I represent that I **do** know how to swim and will be wearing appropriate attire if the students are in the water during this activity.

Name (Please Print): _____ Signature: _____

Address: _____ Phone: _____

DISTRITO ESCOLAR UNIFICADO DEL VALLE DE PAJARO
FORMULARIO DE ACUERDO DE UN CHAPERÓN

Nombre de la Escuela: _____ Fecha: _____

Destinación: _____

Fecha y Hora de la Partida: _____ Fecha y Hora del Retorno: _____

Medio de Transportación: _____

Yo Estoy de acuerdo a no hacer responsable al Distrito Escolar Unificado del Valle de Pájaro, sus oficiales, agentes y empleados de cualquier responsabilidad o reclamo que resulte de o en conexión con mi participación en esta actividad. Código de Educación Sección 35330

Yo estoy de acuerdo de ser chaperón de los alumnos asignados a mi cargo en la fecha arriba indicada. Permaneceré con este grupo desde el principio de la excursión hasta el final y no dejaré mi grupo de alumnos sin chaperón en ninguna ocasión durante esta excursión. En el evento de que esta Excursión/ Viaje de Estudios envuelva una actividad en el agua, Yo represento que yo **sé nadar** y que usaré la indumentaria apropiada si los alumnos están en el agua durante esta actividad.

Nombre (Imprimir con Letra de Molde): _____ Firma: _____

Domicilio: _____ Teléfono: _____

FIELD TRIP CHAPERONE LIST

Teacher Name(s): ______________________________________
____
____
____

Grade level:____________

Field Trip Date:______________________________________

LIST OF ADULT CHAPERONES:

NAME	Driving? Yes	Driving? No	Proof of Auto Insurance attached? Yes	Proof of Auto Insurance attached? No	Fingerprint Clearance? Yes	Fingerprint Clearance? No
______________________	☐	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐	☐
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______________________	☐	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐	☐

Incomplete forms may delay approval process or may be returned to site for completion.

Updated 7/1/18 bm

* These forms are to be returned to district office
TB tests and fingerprints can be completed @ this office

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
Human Resources Department • 294 Green Valley Rd. • Watsonville, CA 95076
Phone (831) 786-2145 • Fax (831) 761-6018 • web site: www.pvusd.net

VOLUNTEER SERVICE REQUEST

Pajaro Valley Unified School District actively encourages parent involvement in ongoing activities at the site and district levels. Our goal is to make school participation frequent and high quality. Children benefit from the active inclusion of parents during their school day and during extracurricular activities.

California state law requires District employees, prospective employees and independent contractors to undergo background checks to ensure that such persons have not been convicted of serious or violent felonies. To protect the safety of its students, the District requires a similar background check before allowing volunteers to have routine contact with students.

I authorize the Pajaro Valley Unified School District to conduct a background investigation through the California Department of Justice and/or the Federal Bureau of Investigation and authorize release of information in connection with my application for volunteer service. I waive the right of access to any such information and without limitation hereby release the Pajaro Valley Unified School District and the reference source from any liability in connection with its release or use.

VOLUNTEER INFO
(Please Print Clearly)

XXX-XX-

FULL LEGAL NAME _____ LAST 4 SSN

ADDRESS _____ CITY, STATE ZIP CODE _____ HOME/CELL PHONE

EMAIL ADDRESS _____

What volunteer services will you be performing?

_____

SCHOOL SITE/DEPT.

How often will you be volunteering?

☐ Every Day
_____ Times per week

☐ One time Chaperone for field trip
_____Times per month
Overnight field trip? Yes ☐ No ☐

☐ Other _____

_____ _____
Volunteer Signature Date

(By signing, I understand that the background check must be completed before volunteer service begins.)

_____ _____
Site Administrator Signature Date

*****Attached Confidential Background Check Form must be completed and submitted with the Volunteer Form to be further considered for volunteer service.*****

HR Use Only: Fingerprints type: ☐ DOJ ☐ DOJ & FBI
☐TB Clearance
☐FP Cleared & Date_____
☐FP Not cleared ☐Site Notified HR Staff initials_____

Revised: 8/01/2016

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
Human Resources Department • 294 Green Valley Rd. • Watsonville, CA 95076
Phone (831) 786-2145 • Fax (831) 761-6018 • web site: www.pvusd.net

Confidential Background Check

Completion of this form is mandatory for all applicants and volunteers with the Pajaro Valley Unified School District.
The information disclosed on this form will remain confidential.

If you were convicted, it will show up on your fingerprint report. Please be sure to list convictions on this form in order for your application to be further considered with the District.

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

_____NO

_____YES, I have. If yes, list all convictions below.

NOTE: You must answer "YES" if you were convicted, whether by plea, jury verdict, or finding of guilt by a court in a trial without a jury. Please note: Even if you had an order under Penal Code section 1203.4 allowing the withdrawal of a plea of guilty and entering a plea of not guilty, or setting aside a verdict of guilty, or dismissing the accusations or information, it will still appear on your fingerprint report. You MUST list any conviction(s) which fits the description above. Failure to disclose this information is fraud, and may result in your being removed from consideration for employment.

If your answer is YES, you must complete this form (please attach additional sheets if needed). If your conviction was for a marijuana conviction other than possession for sale, which occurred more than two years ago, you are not required to divulge this conviction. To complete this form, start below and continue on the reverse side if necessary. A criminal record will not automatically disqualify you from employment or volunteer service, but failure to disclose and list all convictions on this form may result in disqualification.

Date/Location of Arrest(s) (list month/year of arrest and city/state where arrested)	**Conviction(s)** (list the crimes for which you were convicted)	**Felony or Misdemeanor**

_____ _____

Signature needed if answer is yes or no Date

Revised: 8/01/2016

>> Check here if this is updated:
Insurance Info ____
Driver's License Info ____

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

VOLUNTEER DRIVER INFORMATION

For Volunteers Who Drive Students to School Sponsored Activities

School: _____ Teacher: _____ Date: _____

Student: _____ Insurance Expiration_____

In order to provide your children maximum safety conditions, it is necessary to obtain the following information. Please fill out form, supply with requested information, sign and date. Please submit this form to Risk Management no later than ten (10) days prior to field trip.

*A Volunteer Driver Form must be filled out for each update of insurance/Driver License.
*A copy of "Proof of Insurance", with minimum liability coverage and expiration dates.
*A copy of a valid California Driver's License attached.

As a volunteer driver I certify:

- I hold a valid California Driver's License.
- I carry automobile liability insurance with the following minimum liability coverage:
  $15,000 per person/$30,000 per accident
  $5,000 Property Damage

District recommends drivers carry higher than state minimum limits noted above as well as auto medical

- To the best of my knowledge, my vehicle is mechanically sound.
- I have taken all reasonable precautions in order to ensure the safety of the students.
- I have not received a moving violation in the past 12 (twelve) months.
- Each student who rides in my vehicle will be provided and required to wear a seat belt.
- A booster seat will be used for all students under 8 (eight) years in compliance with the new California Vehicle Law SB 929, January 1, 2012.
- No student will drive him/herself or other students.
- I am aware that *all volunteer drivers must be 21 (twenty-one) years of age or older.*
- In case of an accident where I am responsible, it is understood that my insurance will be used first with Pajaro Valley Unified School District (PVUSD) insurance used second.
- If above conditions change and/or cannot be met, I will no longer participate as a volunteer driver until the requirements can be met.
- I understand and agree that each driver's record is subject to review by authorized district personnel, up to and including DMV records.

PVUSD prefers that students under the age of 12 sit in rear seats, especially when the vehicle is equipped with a passenger-side airbag. Statistics indicate children are safer in rear seats.

Driver's Name: _____ Driver Lic. Expiration_____
Please print

Driver's Address: _____
Street City State Zip Code

Driver's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE. ATTACH PROOF OF THE ABOVE MINIMUM LIABILITY INSURANCE COVERAGE AND A COPY OF YOUR CURRENT DRIVERS LICENSE.

Rev. 8/13

PRINT LAST NAME OF DRIVER HERE

>> Check here if this is updated:
Insurance Info ____
Driver's License Info ____

DISTRITO ESCOLAR UNIFICADO DEL VALLE DE PÁJARO

INFORMACIÓN SOBRE CHOFER VOLUNTARIO

Voluntarios Que Llevan Alumnos a Actividades Patrocinadas por la Escuela

Escuela: _____ Maestra: _____ Fecha: _____

Alumno/a: _____ Vencimiento del Seguro_____

Para maximizar las condiciones de seguridad, es necesario obtener la siguiente información. Favor de llenar el formulario, proveer la información solicitada, firmar, fechar y regresar. Favor de someter este formulario a Gerencia de Riesgos (Risk Management) no más tarde que (10) días antes del viaje de estudios.

* Llenar Formulario de Chofer Voluntario por cada actualización de seguro/Licencia de Conducir.
* Copia de "Prueba de Seguro", con protección de seguridad mínima y fecha de vencimiento.
* Copia adjunta de la Licencia para Conducir Automóviles de California.

Como chofer voluntario yo certifico que:

- Yo poseo una válida Licencia de Conducir de California.
- Tengo seguro de responsabilidad civil con la cobertura mínima siguiente:
  $15,000 por persona/$30,000 por accidente
  $5,000 Daño a la Propiedad

El Distrito recomienda que los conductores deban llevar límites más altos que el mínimo del estado anotado arriba así como también servicios médicos para auto.

- Con lo mejor de mi conocimiento, mi vehículo está en buenas condiciones mecánicas.
- Tomé todas las precauciones razonables para garantizar la seguridad de los alumnos.
- No he recibido una violación de tránsito en los últimos 12 (doce) meses.
- Todo alumno que aborda mi vehículo tendrá y deberá usar cinturón de seguridad.
- Se utilizará un asiento de seguridad para todos los alumnos menores de 8 (ocho) años en cumplimiento con la nueva Ley de Vehículos de California SB 929, Enero1, 2012.
- Ningún alumno deberá conducir un auto o transportar a otros alumnos.
- Estoy consciente de que *todos los choferes voluntarios deben tener 21 (veintiuno) años de edad o mayores*.
- En caso de accidente que yo soy el/la responsable, entiendo que mi seguro se usará primero y el seguro del Distrito Escolar Unificado del Valle de Pájaro (PVUSD) segundo.
- Si las condiciones arriba indicadas cambian y/o no se puede llenar, ya no participaré como conductor voluntario hasta que se cumplan los requisitos.
- Yo entiendo y estoy de acuerdo de que el expediente de cada conductor está sujeto a revisión por el personal del distrito autorizado, hasta incluir los registros del DMV.

El Distrito PVUSD prefiere que los alumnos menores de 12 años se sienten en asientos traseros, especialmente cuando el vehículo está equipado con bolsa de aire al lado del pasajero. Las estadísticas indican que los niños están mas seguros en los asientos de atrás.

Nombre del Conductor: _____ Vencimiento de la Licencia_____
Favor de Imprimir

Domicilio del Conductor: _____
Calle Ciudad Estado Código Postal

Firma del Conductor: _____ Fecha: _____

Firma del Director: _____ Fecha: _____

REGRESAR ESTE FORMULARIO A LA OFICINA ESCOLAR. ADJUNTE PRUEBA DE COBERTURA DE SEGURO DE RESPONSABILIDAD MINIMA Y COPIA VIGENTE DE SU LICENCIA DE CONDUCIR

Rev. 8/12

FIELD TRIP STUDENT LIST

Teacher Name(s): ______________________________ Grade level(s):___________

____

____

Field Trip Date: ______________________________

STUDENTS NAME	Boarded bus at School Yes	Boarded bus at School No	Boarded bus for return trip Yes	Boarded bus for return trip No	Parent pick up at Destination (Transportation Waiver) Yes
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
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______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐

Incomplete forms may delay approval process or may be returned to site for completion.

Updated 7/1/18

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

294 Green Valley Road, Watsonville, California 95076
(831) 786-2100 Ext 504 Fax (831) 728-8160

PARENT/GUARDIAN TRANSPORTATION WAIVER

NOTE: Although the District is providing transportation for a specific activity, there may be instances where a Parent/Guardian wishes to provide transportation for his/her Child/Ward. It is important that parents/guardians agree in writing.

Student Name_____ School_____

Activity(ies)_____ Date_____

I understand the Pajaro Valley Unified School District is providing transportation to and from the above activity. However, I do not wish to avail my Child/Ward of the transportation provided by the District.

As Parent/Guardian, I will hereby provide transportation for said Child/Ward at my own expense.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

I ALSO UNDERSTAND THAT I AM NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE DISTRICT.

_____ _____
Parent/Legal Guardian Date

_____ _____
District Approval Signature Date

DISTRITO ESCOLAR UNIFICADO DEL VALLE DE PAJARO

294 Green Valley Road, Watsonville, California 95076
(831) 786-2100 Ext 504 Fax (831) 728-8160

HOJA DE DECLINACIÓN DE LOS PADRES A TRANSPORTACIÓN DEL DISTRITO

NOTA: A pesar de que el Distrito provee transportación para una actividad específica, puede haber ocasiones donde los Padres/ Tutores desean proveer transportación para su hijo/ hija/ hijo adoptivo. Es importante que los padres/ tutores den su aprobación por escrito.

Nombre del Alumno _____ Escuela _____

Actividad(es) _____ Fecha _____

Yo entiendo que el Distrito Escolar Unificado del Valle de Pájaro proveerá transportación a y de la actividad arriba mencionada. Sin embargo, yo deseo no tomar esta oportunidad de transportación que mi hijo/ hijo adoptivo tiene proveída por el Distrito

Como Padre/ Tutor, yo proveeré transportación para mi hijo/ hijo adoptivo a cuenta propia.

SE ENTIENDE TOTALMENTE QUE EL DISTRITO NO ES DE NINGUNA MANERA RESPONSABLE, NI EL DISTRITO ASUME RESPONSABILIDAD, POR CUALQUIER HERIDA O PERDIDAS QUE RESULTEN DE ESTA TRANSPORTACIÓN NO PATROCINADA POR EL DISTRITO, A PESAR DE QUE EL DISTRITO PUEDA AYUDAR A COORDINAR TRANSPORTACIÓN Y/ O RECOMENDAR TIEMPO DE VIAJE, RUTAS, O CARAVANAS AL EVENTO Y DEL EVENTO, YO ENTIENDO TOTALMENTE QUE TALES RECOMENDACIONES NO SON MANDATORIAS.

YO ENTIENDO ADEMÁS QUE NO ESTOY MANEJANDO COMO UN AGENTE DE O EN NOMBRE DEL DISTRITO.

_____ _____
Padres/ Tutor Legal Fecha

_____ _____
Firma de Aprobación del Distrito Fecha

This form has to be Presented to Staff So they can Make Sure students are able to have a lunch. It is not required

Pajaro Valley USD
Food Nutrition Services

FORM B

Field Trip Brown Bag Lunch Form

Please complete by checking off student as they receive their lunch here during field trip.

2018-2019

A. Fill out
List name & student ID number for every student that is requesting a Brown Bag lunch and note any special lunch accommodations **(please be sure any student on a special diet receives the lunch labeled for them).**

B. Choose method for pick-up
(CHECK ONE and turn in with Field Trip Packet):

☐ *Method 1:*

1. Students will go through a line in the cafeteria and enter their student ID# to pick up their bagged lunches. FNS staff will track all meals that are picked up.

☐ *Method 2:*

1. Teachers pick up meals for ALL students from the cafeteria (including a copy of **FORM B** provided by FNS).
2. At the field trip site, teachers MUST check off students' names as they receive lunch using FORM B (master list). **This record is a federal requirement in order for school district to receive reimbursement.**
3. Return completed **FORM B** to FNS staff upon returning from field trip.

If using *Method 2*, at pick up, a copy of this form is included with the lunches on day of field trip to use as a roster. Check off students who received their Brown Bag Lunch after the student has received their lunch and turn into FNS staff in your school's cafeteria.

C. During Field Trip:

- Check off students who received a lunch to and return cafeteria staff upon returning from field trip.
- Teachers are responsible for discarding any uneaten food.

	✓	Student Name	Student ID#	S or A*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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22				
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26				
27				
28				
29				
30				

****Account Code** _ _ - _ _ _ _ - _ - _ _ _ _ - _ _ _ _ - 5754 - _ _ _ - _ _ _ _

**This is only required if the School or District is paying for the lunches for the students

***S= Soy butter Sandwich, A=Alternative Meal (must be set up with FNS), and leave blank for Pb&J Sandwich (default).**

Updated 08/2018