

This application must be
signed by the Region
Family and Community
Engagement
Administrative
Coordinator in
consultation with the
SFACE.

ONE TIME EVENT VOLUNTEER, THIRD-PARTY PHILANTHROPIC PROJECT, AND SCHOOL SPEAKERS (NOT TO BE USED FOR FIELD TRIPS)

School Name: _____

Name of Organization:

Legal First Name	Legal Last Name	Date of Birth		
Home Phone Number		Cell Phone		
Email Address				
Address	City	State	Zip Code	
Type of Event	Date of Event*		t*	
Organization's Point of Contact Name			Telephone Number	
Emergency Contact Name	Relationship	Telephone Number		

If you would like to serve as a regular volunteer, please complete the online Volunteer Application at <u>https://volunteerapp.lausd.net</u>.

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. *Project must be less than three days and volunteers may not interact with pupils. If volunteers will

*Project must be less than three days and volunteers may not interact with pupils. If volunteers will interact with pupils, school site administrators may contact Risk Management for guidance. 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 not 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 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/legal 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/legal guardian volunteer at any LAUSD school or site.

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/legal 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 for 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 a LAUSD student. By signing, I acknowledge reading and agreeing to the terms in the waiver and release of liability.

Volunteer Signature	Date
	tis line. School staff use only. ************************************
California Megan's Law Website Clearance Date	Checked by Name and Title
Volunteer Commitment Form Date Signed	
Application Approved	Application Not Approved
Signature Administrator or Designee	Date
Signature Administrative Coordinator, Region Family and Con Director, Office of SFACE	