



# SERVITE HIGH SCHOOL

FORMING FAITH-FILLED LEADERS

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## INSTRUCTIONS FOR PAPERWORK FOR VOLUNTEERS

- Personnel Form:** Fill out personnel form.
- Shield the Vulnerable:** Follow instructions to log onto “Shield the Vulnerable” website, take the test and print certificate. Turn in certificate.
- Live Scan:** We use Live Scan at 903 W. Lincoln Avenue #103, Anaheim, 92805. Please call before at 714-635-6600. The cost is \$18.00. **THIS MUST BE DONE BEFORE YOU CAN WORK WITH STUDENTS!**
- Driver Certification Form:** Fill out form. Turn in with copy of your current Insurance Card and Driver License.
- Adult Release & Medical Form:** Fill out form.
- Volunteer Confidentiality Agreement:** Sign & Date

**All Certificates & Forms are to be turned into Helen Aguilar in the main office.**

**You are required to have all forms turned in before working on campus with students in any capacity.**

**Please call or email Helen Aguilar if you have any questions.**

**714-774-7575 ext.1111  
haguilar@servitehs.org**

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CONDUCTED BY THE ORDER FRIAR SERVANTS OF MARY

1952 West La Palma Avenue, Anaheim, California 92801 • 714.774.7575 • 714.774.1404 fax • [www.servitehs.org](http://www.servitehs.org)



# SERVITE HIGH SCHOOL

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FORMING FAITH-FILLED LEADERS

## VOLUNTEER PERSONNEL FORM

**NAME:**

**VOLUNTEER POSITION:**

**STREET ADDRESS:**

**CITY/STATE:**

**ZIP CODE:**

**HOME PHONE #**

**CELL PHONE #**

**EMAIL ADDRESS:**

**DATE OF BIRTH:**

**DRIVER'S LICENSE #**

**EMERGENCY CONTACT:**

**HOME # OR CELL #**

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## INSTRUCTIONS FOR LOGGING ON TO SHIELD THE VULNERABLE WEBSITE

First log on to the home page at [www.shieldthevulnerable.org](http://www.shieldthevulnerable.org), There you may choose to do the training in English or Spanish.

1. Choose your language
2. Sign up, choose Orange Diocese then click confirm.
3. Register by filling in personal/login information – make sure to type correct information especially your first and last name. A certificate of completion must be printed after the completion of the course with the name you type in.
4. Follow the prompts during the course. Because the course is self-paced you may leave and return to it at anytime. When you return, it will open to the page where you left off.
5. Once you have completed the course, you must print your certificate and give the certificate to Helen Aguilar in the main office.

**(If you have any questions, please call Kathy Ortiz at 714-282-3069 or email at [kortiz@rcbo.org](mailto:kortiz@rcbo.org))**

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### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A3197

ORI (Code assigned by DOJ)

Volunteer

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

SERVITE HIGH SCHOOL

Agency Authorized to Receive Criminal Record Information

1952 W. LA PALMA AVENUE

Street Address or P.O. Box

ANAHEIM

City

CA 92801

State ZIP Code

Mail Code (five-digit code assigned by DOJ)

MICHAEL BRENNAN

Contact Name (mandatory for all school submissions)

714-774-7575

Contact Telephone Number

#### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex  Male  Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number 141034

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

# DRIVER CERTIFICATION FORM

FOR PARENT, EMPLOYEE OR VOLUNTEER AS DRIVER

**NO ONE UNDER THE AGE OF 25 IS AUTHORIZED TO DRIVE FOR OR CHAPERONE A FIELD TRIP**

DRIVER (Circle one):                      EMPLOYEE                      PARENT                      VOLUNTEER

Please mark an X in the appropriate box:

- When using your PERSONAL vehicle to transport students on field trips or other school activity trips, please contact the Assistant Principal, Student Affairs, at extension 1126.
- Be sure that you have a valid driver's license and current liability insurance policy. (Servite High School requires a minimum acceptable liability limit for privately owned vehicles is a \$100,000/\$300,000 policy with \$25,000 property and \$5,000 medical or private health insurance.)
  - Check the safety of your vehicle: tires, brakes, lights, horn, suspension, windshield wipers, etc. (Good operating condition)
  - Carry only the number of passengers for which your vehicle was designed and for whom you have functional seat belts. If you have a truck or pickup, no students are to ride in the back.
  - Require each passenger to use a safety belt.
  - I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.
  - All Drivers must be fingerprinted (See Business Office)
  - **ATTACH A COPY OF DRIVERS LICENSE, INSURANCE CARD, DEPARTMENT OF MOTOR VEHICLES DRIVER RECORD, AUTOMOBILE REGISTRATION AND SAFE SCHOOLS CERTIFICATE.**

**PERSONAL VEHICLE INFORMATION:**

Name of Registered Owner: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Number: \_\_\_\_\_

Registration Expiration Date: \_\_\_\_\_ Seating Capacity in vehicle: \_\_\_\_\_

- When using a SCHOOL VEHICLE to transport students on field trips or other school events, please contact the Director of Facilities on extension 1129. You must obtain Mr. Robertson's signature to verify approval to drive a school vehicle

\_\_\_\_\_  
*Director of Facilities (Signature)*

\_\_\_\_\_  
*Date*

Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Liability Limits of Policy: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Business Number: \_\_\_\_\_

I certify that the information given above is true and correct. I understand that if an accident occurs (Private vehicle), my insurance coverage shall bear primary responsibility for any losses or claims for damages.

\_\_\_\_\_  
*(Driver Signature)*

\_\_\_\_\_  
*(Date)*

All information must be attached and this form is to be completed and signed by the principal or principal designee.

\_\_\_\_\_  
*(Principal/Principal Designee Signature)*

\_\_\_\_\_  
*(Date)*

**SCHOOL USE**Designated Personnel: \_\_\_\_\_  
Administrator: \_\_\_\_\_Date Received: \_\_\_\_\_  
Date: \_\_\_\_\_**ADULT RELEASE & MEDICAL FORM**Advisor: \_\_\_\_\_ Group: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
Event: \_\_\_\_\_ Destination: \_\_\_\_\_ Start-Return Times: \_\_\_\_\_**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

The undersigned hereby releases, waives, discharges, and covenants not to sue Servite High School, the school's officers, employees, board members and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in trip or during an activity sponsored by Servite High School.

The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High School.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while participating in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High School.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**RELEASE AND AUTHORIZATION FOR MEDICAL CARE**

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

Name of Adult Participant: _____	Date of Birth: _____
Signature: _____	Insurance Company: _____
Cell Phone: _____	Insurance Policy #: _____
Business Phone: _____	Doctor's Name: _____
Home Phone: _____	Doctor's Phone #: _____
Allergies/Medical Problems/Disabilities: _____	
Medications**:	
Emergency Contact & Phone: _____	



# SERVITE HIGH SCHOOL

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## VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand as a volunteer at Servite High School, All students and staff information is confidential. I agree as a volunteer, to follow the policies of section 104.6 of the Servite Employee Handbook, as stated below, and not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer with Servite High School, information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

### 104.6 Confidential Information

Confidential information obtained in the course of employment is the property of Servite High School and should not be disclosed to anyone else. Any staff member with access to such information is charged with the responsibility and obligation of protecting the information. Access, authorized or not, does not confer the right to disclosed confidential information. One of the greatest assets of Servite High School is its Information and means of doing business. We consider this Nondisclosure policy to be of utmost Importance, so that any violation of this policy may result in immediate termination of employment or other discipline. Among the type of information which is considered by this school as confidential and subject to the nondisclosure requirements of this policy are methods, devices, program, marketing plans, price information, financial information, vendor and customer lists, e-mail addresses and employee personal information. Your obligation of not disclosing our business practices and confidential information extends to you even after your employment with Servite High School ceases.

Additional types of information considered as confidential and subject to the nondisclosure requirements of this policy are any and all student information and student family information.

I understand that I must comply with all Servite High School policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Servite High School at any time if they determine it is in the best interests of the school or the students.

I have read, understand, and agree to the information presented above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_