Monterey Peninsula Unified School District
Non District Employee Personnel Liability Release and Agreements
2026-2027 School Year

School Site/Department: _____
Teacher's Name (if applicable): _____

Non District Employee Personnel - General Information

Clearly Print: Last Name, First Name, Middle Initial	Email	Phone
Street Address	City, State	Birthdate (mm/dd/yyyy)

EMERGENCY CONTACT INFORMATION

Name	Phone Number	Relationship
Name	Phone Number	Relationship

LIABILITY RELEASE FOR PARTICIPATION IN SCHOOL EVENTS OR ACTIVITIES

•I understand and agree that my participation in service learning/volunteering is voluntary.
•I have been fully and completely advised of any potential dangers incidental to engaging in service learning/volunteering.
•I voluntarily release, discharge, waive and relinquish any and all actions or causes of action against the Monterey Peninsula Unified School District for personal injury, property damage or wrongful death occurring to myself arising as a result of engaging in service learning/volunteering or any activities incidental thereto, wherever or however the same may occur and continue.
•I agree to defend, indemnify and hold harmless the Monterey Peninsula Unified School District, its board of Trustees, Officers, Employees and Agents from any and all losses arising from my negligence.

Signature of Participant: _____ Date: _____

____Volunteer _____ Contractor, to be paid in accordance with contract guidelines.

SCHOOL SERVICE PROVIDER CODE OF ETHICS

Volunteers shall be provided with information about school goals, programs and practices and shall receive an orientation and other training related to their specific responsibilities as appropriate. Employees who supervise shall ensure that volunteers are assigned meaningful responsibilities that capitalize on their skills and expertise and maximize their contribution to the educational program.

Volunteers shall act in accordance with district policies, regulations and school rules. At their discretion, employees who supervise volunteers may ask any volunteer who violates school rules to leave the campus. Employees also may confer with the principal or designee regarding any such volunteers. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

1. I will keep confidential matters confidential.
2. I interpret "volunteer" to mean that I have agreed to work without compensation in money, but having been accepted as a volunteer, I am expected to do my work in compliance with District policies, just as the paid staff.
3. I promise to bring an attitude of open-mindedness, and am willing to be trained.
4. I will have a cooperative attitude and respect others.
5. I will discuss all matters of concern or questions about policy and procedures with the teacher or Site Principal.
6. I understand that my volunteer work is at the discretion of the Site Principal or District Administration.

Signature of Participant: _____ Date: _____

NON EMPLOYEE BACKGROUND CHECK

The Monterey Peninsula Unified School District appreciates your volunteerism in support of our students. We value your commitment and trust you share with us the desire to provide a learning environment for our students that is free from the threat of physical and psychological harm. As permitted by Penal Code 11105.3, the information provided by volunteers will be checked against a list of registered sex offenders maintained on the California Department of Justice internet web site. Results of said background check will be kept in strict confidence between the Superintendent and or designee(s) and the volunteer. Volunteers who are registered sex offenders will not be permitted to volunteer in school activities. Please note: In accordance with the Education Code, persons who are identified sex offenders and are parents of students cannot be restricted from participating or visiting the school in behalf of their children.

My signature below indicates that I do hereby grant my permission to Monterey Peninsula Unified School District to perform a background check on me as permitted by Penal Code 11105.3.

Signature of Participant: _____ Date: _____

FOR SITE STAFF USE ONLY

_____ Photo ID verified
_____ Volunteer is 21 or over
_____ Name, address and DOB verified
_____ Alternate address written below: _____

TO BE COMPLETED BY SITE ADMINSTRATION

Approved by: _____ Date: _____

(Signature of Adminstrator)

FOR DISTRICT OFFICE USE ONLY

Megan's Law Verified: _____
Mandated Reporter (Completed on): _____
TB Clearance Expiration Date (if applicable): _____
Fingerprint Clearance Date (if applicable): _____ Approval Date: _____
_____Approved _____ Not Approved HR Authorized Signatutre:_____

Revised July 2026