



# Volunteer Information & Checklist

ALL paperwork and necessary requirements must be met to be approved as a HP Volunteer and Driver.

## To volunteer in classroom or on campus (direct supervision):

\*Not required if you are coming on campus to have lunch or attend a meeting\*

- Complete the Volunteer Application Packet
- Live Scan Clearance (email completed form to [tnicolosi@horizon.org](mailto:tnicolosi@horizon.org))
- Current TB test on file (expires every four years)
- Copy of Picture ID: i.e.- Driver's license, Passport, Visa or Military ID

\*\* All volunteers must have a completed volunteer application on file each year\*\*

## To drive students to field trips, sporting events, or other off campus activity:

(All items listed below must be completed each new school year)

- Must be a cleared volunteer (see above)
- Copy of Valid Driver's License
- Completed Driver Form
- Copy of Driving Record (instructions below)
- Copy of Current Car Insurance (with acceptable liability limits)

Link to Packet: <https://www.horizonprep.org/s/HP-Volunteer-Application-2022-2023.pdf>  
You can also find the documents on the HP website under Campus Life.

Once you fill out the forms digitally utilizing either a desktop computer or a laptop, please email all of your documents to [info@horizonprep.org](mailto:info@horizonprep.org).

We absolutely do not want anyone to miss the opportunity of participating in school sponsored trips, events, etc. Please plan accordingly for processing and allow **10 days** to receive clearance.

*Unfortunately, no exceptions will be made to this policy.*



# Volunteer Application

Name (Full Legal) \_\_\_\_\_ Maiden \_\_\_\_\_

Mobile # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Today's Date \_\_\_\_\_

Health Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Connection w/HP \_\_\_\_\_

By signing this form, I attest that all information included is correct and complete. I also agree to release Horizon Prep, Horizon Christian Fellowship and all agents of both from any liability which may result from all background checks initiated and references checked.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Volunteer Application

As a volunteer, I understand and agree that the scope of my relationship with Horizon Prep is limited to a volunteer position, and that no compensation of any kind is expected in return for services provided in my volunteer capacity. I further understand and agree Horizon Prep will not provide any benefits traditionally associated with employment, and that I am responsible for my own insurance coverage in the event of personal injury and/or illness as a result of my volunteer service to Horizon Prep.

As a volunteer at Horizon Prep (HP) I understand and agree to the following:

1. I will report to or coordinate with a HP teacher/school official/staff member (“representative”) when volunteering on campus.
2. I will complete LiveScan screening at Del Mar LiveScan, and am responsible for the cost to do so.
3. I agree to perform under the direction and supervision of all HP representatives.
4. I agree to learn and follow HP policies and procedures.
5. HP can in its sole discretion and without a statement of reasons suspend a volunteer from further volunteer activities/opportunities at any time.
6. I will sign-in/register in the front office on each volunteer occasion, and sign out when I leave.
7. I do not have free access to HP during school hours beyond the scope of my volunteer work.
8. I will not be issued keys or a key card.
9. I will wear a volunteer identification badge at all times when volunteering at HP.
10. I will dress neatly and modestly at all times when volunteering, as defined by the Horizon Prep Volunteer Dress code listed below.
11. I will never be alone with individual students without authorization of a HP representative.
12. I will use only designated adult bathroom facilities while at HP.
13. Phones are not to be used while volunteering, unless otherwise directed by a HP representative.
14. If I have any concerns about a student’s behavior or a situation that may arise, I am to speak directly with a HP representative regarding my concerns.
15. I understand that things taken out of context can lead to misunderstandings and have unintended consequences. Any questions or concerns I may have I will share with appropriate HP representatives only.
16. Any student/family/staff contact information will only be shared when permission is given by the appropriate HP representative.
17. If applicable, I will adhere to the school driving policies, and will not transport students to an official HP event unless I have satisfied all requirements to do so.

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Signature

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Date



# Volunteer Application

## Horizon Prep Volunteer Dress Code

HP volunteers represent and model for each student the dress standards and conduct of Godly people and as such are expected to dress accordingly. If there are any questions regarding clothing worn by a volunteer, an appropriate school administrator will be contacted; that administrator will connect with the volunteer and proceed in the best interest of both HP and the individual.

General Guidelines for men and women:

- No stained or dirty clothing.
- Ripped pants may not have holes above the knees.
- No shirts or pants or shorts that expose your midriff (including around the back).
- No exposed undergarments.
- Appropriate footwear for volunteer duty. No bare feet.
- No political messages/statements on attire.
- No foul or suggestive language on attire.

For women:

- No spaghetti straps or halter-tops.
- Tops must adhere to the “three finger rule”, which means your sleeve straps must be the width of three fingers.
- Shorts, Skirts and dress lengths must be past your fingertips with your hands at your sides.
- No low cut or revealing tops; please dress modestly.
- If wearing leggings, a shirt or skirt should be worn over them that reaches down to your fingertips.

For men:

- No tank-tops extreme/deep v-neck shirts.
- Button up shirts must be buttoned with only top 2 buttons left undone at most.
- Shorts must be knee-length.



# Volunteer Application

## Assumption Of The Risk And Waiver Of Liability Relating To Coronavirus/Covid-19 & All Known/Unknown Communicable Diseases

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. Horizon Christian Fellowship and Horizon Prep (“Horizon”) have put in place preventative measures to reduce the spread of COVID-19 & All Known/Unknown Communicable Diseases (“communicable diseases”); however, Horizon cannot guarantee that you or your child(ren) will not become infected with COVID-19 & Communicable Diseases. Further, attending any event at Horizon could increase your risk and your child(ren)’s risk of contracting COVID-19 & Communicable Diseases. By signing this agreement, I acknowledge the contagious nature of COVID-19 & Communicable Diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 & Communicable Diseases by attending events at Horizon and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 & Communicable Diseases by volunteering at Horizon may result from the actions, omissions, or negligence of myself and others, including, but not limited to Horizon employees, volunteers, and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at Horizon (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Horizon, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Horizon, its employees, agents, and representatives, whether a COVID-19 & Communicable Diseases infection occurs before, during, or after participation in Horizon events or any activities at Horizon.

I understand and agree that the law of the State of California will apply to this Waiver of Liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

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Signature

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Date



# Volunteer Application

## Volunteer Driver Form

In order to use a personal vehicle for a Horizon or Horizon Prep sponsored function I, \_\_\_\_\_, agree and acknowledge the following:

- I must show proof **and have a current copy on file with the transportation coordinator** of my current California Driver's License
- I must show proof **and have a current copy on file with the transportation coordinator** of my current vehicle liability and medical insurance with liability limits that are no less than Bodily Injury \$100,000 per person, \$300,000 per accident, \$100,000 property damage and \$10,000 medical per person.
- I will provide a copy of my driving record and understand that no more than one violation is acceptable and no more than one accident, whether it be at fault or not, is acceptable. Contact your auto agent or the CA DMV to obtain a copy.
- I understand and accept that in the event of an accident my insurance will be primary and Horizon Prep's insurance will be secondary with respects to liability and medical coverage.
- I understand and accept that Horizon Prep will not provide or cover physical damage coverage in any way. Property damage to my vehicle or the contents within are my responsibility.
- The secondary coverage provided by Horizon Prep will only cover the trip to and from the church and/or school sponsored event.
- No Horizon Prep student may ride alone in a vehicle with an adult (age 25+) that is not their parent (unless that adult is a member of their household)
- Horizon Prep students are prohibited from driving themselves to off-site competitions.
- All transportation arrangements must be made with the Transportation Coordinator at least 1 day in advance of departure.

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Volunteer Driver Name

Date

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Volunteer Driver Signature

Date

## Live Scan Instructions for Volunteer

Take the 'Request for Live Scan Form' to any fingerprinting [facility](#) in SD county and pay the required fee. This should take less than 15 minutes to complete.

Once you have completed the scan, please email the completed form to HR at [tnicolosi@horizon.org](mailto:tnicolosi@horizon.org).

### Del Mar Live Scan

3830 Valley Centre Dr., Suite 705  
San Diego, CA 92130

Weekdays 9:00 AM - 6:00PM  
Sat 9:00 AM - 5:00 PM  
Sun 10:00 AM - 4:00 PM

The UPS Store #2506  
1155 Camino Del Mar  
Del Mar, CA 92014  
(858) 755-2800

Weekdays 7:30 am to 6:00 pm  
Saturday 9:00 am to 2:30 pm

A+ Live Scan Fingerprints & Notary Services  
2667 Camino Del Rio South  
Suite #306  
San Diego, CA 92108  
(619) 770-0143

Weekdays 8:00 am to 5:00 pm  
Saturday 8:00 am to 3:00 pm

**REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING**

Applicant Submission

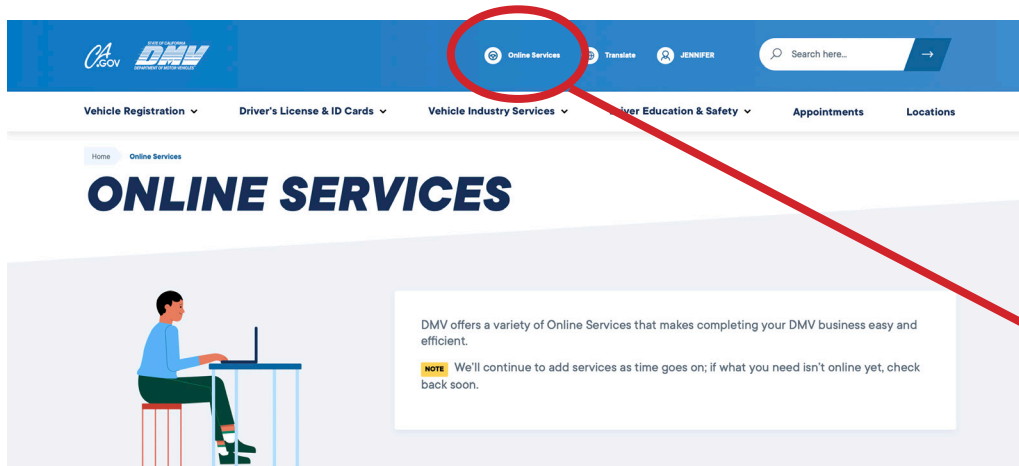
1. ORI: <b>A0448</b>			
2. Working Title: <i>(Check ✓ one)</i> <input type="checkbox"/> Adult Resident other than Client <input type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input checked="" type="checkbox"/> Volunteer			
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type." Childcare 6+			
4. Agency Address Set Contributing Agency: <b>CA Dept of Social Services</b>			
Agency authorized to receive criminal history information		Mail Code <i>(five-digit code assigned by DOJ)</i>	
<b>PO BOX 944243</b>		<b>03502</b>	
Street No.                      Street or PO Box		Contact Name <i>(Mandatory for all school submissions)</i>	
<b>Sacramento, CA</b>		<b>N/A</b>	
<b>94244-2430</b>		<b>(      )      N/A</b>	
City                      State                      Zip Code		Contact Telephone No.	
5. Applicant Information:			
Name of Applicant: <i>(Please print)</i> _____			
LAST		FIRST	MI
AKA's: _____		CDL No. _____	
LAST                      FIRST			
DOB: _____		Misc. No. <b>BIL -</b>	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i>	
HT: _____		Misc. No.: _____	
WT: _____		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____		Home Address: <i>(All applicants must complete)</i>	
HAIR Color: _____		_____	
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
<i>(See Privacy Statement on Page 4)</i>			
6. Facility Number: <b>376600607</b>		Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission for fingerprint quality (select R2), list Original ATI No. _____			
7. Employer: <i>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</i>			
<b>HORIZON CHRISTIAN FELLOWSHIP</b>			
Employer Name		92067	
<b>PO BOX 9070</b>		Mail Code <i>(five digit code assigned by DOJ)</i>	
Street No.                      Street or PO Box		<b>(858)756-5599</b>	
<b>RANCHO SANTA FE</b>		<b>92067</b>	
City                      State                      Zip Code		Agency Telephone No. <i>(Optional)</i>	
8.			
Live Scan Transaction Completed By: _____		Date _____	
Name of Operator		Do NOT direct bill Horizon	
Transmitting Agency		Amount Collected/Billed	
LSID#		ATI No.	





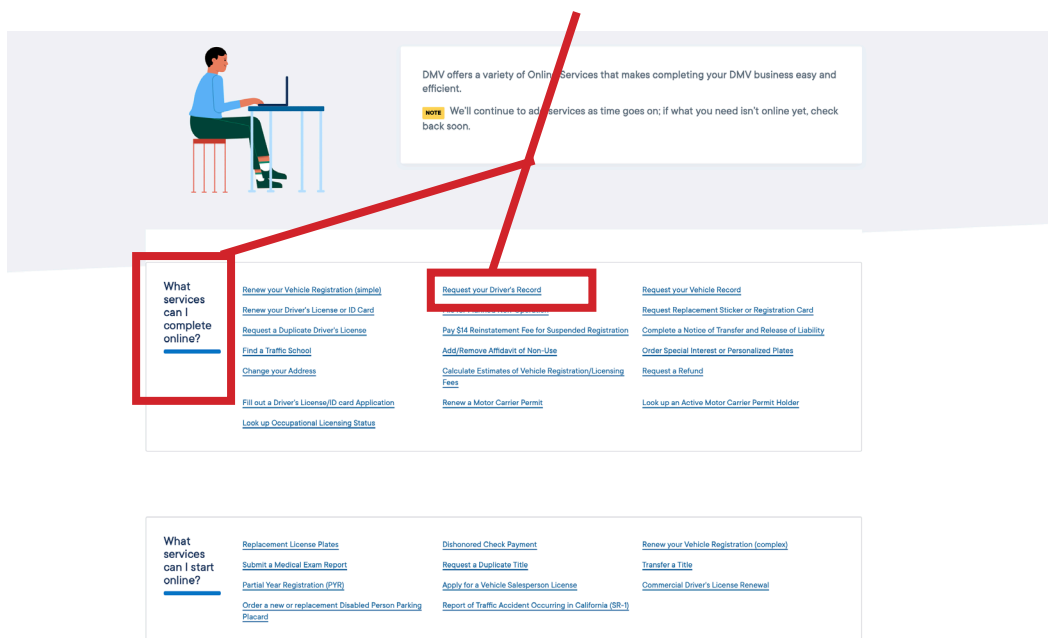
# How to Retrieve Your Driver's Record

**Step one:** Log into <https://www.dmv.ca.gov>



**Step two:** Double click on **Online Services** as shown above in red circle

**Step three:** Scroll half way down to section **(as shown below)** **What Services can I complete?** and double click on **“Request your Driver’s Record.”**



**Step four:** Double click on **Start Driver's Request** as shown below in red circle

This online system allows you to print **your** driver's record.

**NOTE** Online records are **not** official documents; if you need an official record, complete and mail an [INF 1125 \(PDF\)](#) form to the address on the form.

**Start driver's record request**

*You may only request your own driver record using our online system; if you need someone else's driver record, see below.*

## Before you begin...

- 1 Have your printer on and ready; you will only have **one** opportunity to print your record after your fee is paid.
- 2 Be prepared to pay the \$2 fee.
  - A 2.1% service fee is added to debit and credit card transactions.
  - If paying by e-check, only one item may be purchased at a time.
- 3 Be prepared to create an online account (if you have never done so on this site).

**Step five:** Read and **click below** and hit **Continue** as shown below in red circle

**Please read and click the box below to confirm you understand the following information:**

By law, this application cannot provide the following information:

- Residence address (CVC §1808.21)
- Social security number (CVC §1653.5(f))
- Personal information (Drivers' Privacy Protection Act of 1994 — 18 U.S.C. §2721 et seq)

DMV records are constantly updated and subject to change at any time.

If your record cannot be produced online, you can request the record from DMV headquarters or from a local DMV office using form [INF 1125](#). You will not be charged for records that cannot be produced online.

Differences in browser applications, printers, and paper may cause records to appear differently from records to which employers, insurance companies, etc., are accustomed.

These records will not be certified as official. Certified records embossed with the DMV seal are available from a [DMV NOW Kiosk location](#), DMV headquarters, or from a local DMV office using form [INF 1125](#).

I am the person whose record is being requested. I have read and understand the information stated above. \*

**Continue**

[Need Help?](#)

**Step six :** Say **YES to include my address on the print out** and then double click **Add to Cart**.