

Corona-Norco Council of PTAs

Unit Survival Guide

www.coronanorcocouncilpta.com

2023-2024 Edition



Welcome PTA Leaders!

Congratulations on your upcoming 2023-2024 PTA term! We consider ourselves a village at CNCPTA and we are so excited that you are part of it! Corona-Norco Council of PTAs has created the “Unit Survival Guide” to help guide you through your PTA term. Please remember to refer to your unit bylaws and the California State PTA Toolkit as well when searching for answers. Corona-Norco Council of PTAs is here to guide, train, help units stay in compliance and answer any questions you may have. We are your biggest cheerleaders!

If you need anything, please don't hesitate to reach out to our team. Our contact information can be found on our website www.coronanorcocouncilpta.com.

Wishing you a MAGICAL year!

Christen Vargo

2023-2025 Corona-Norco Council President

president@coronanorcocouncilpta.com





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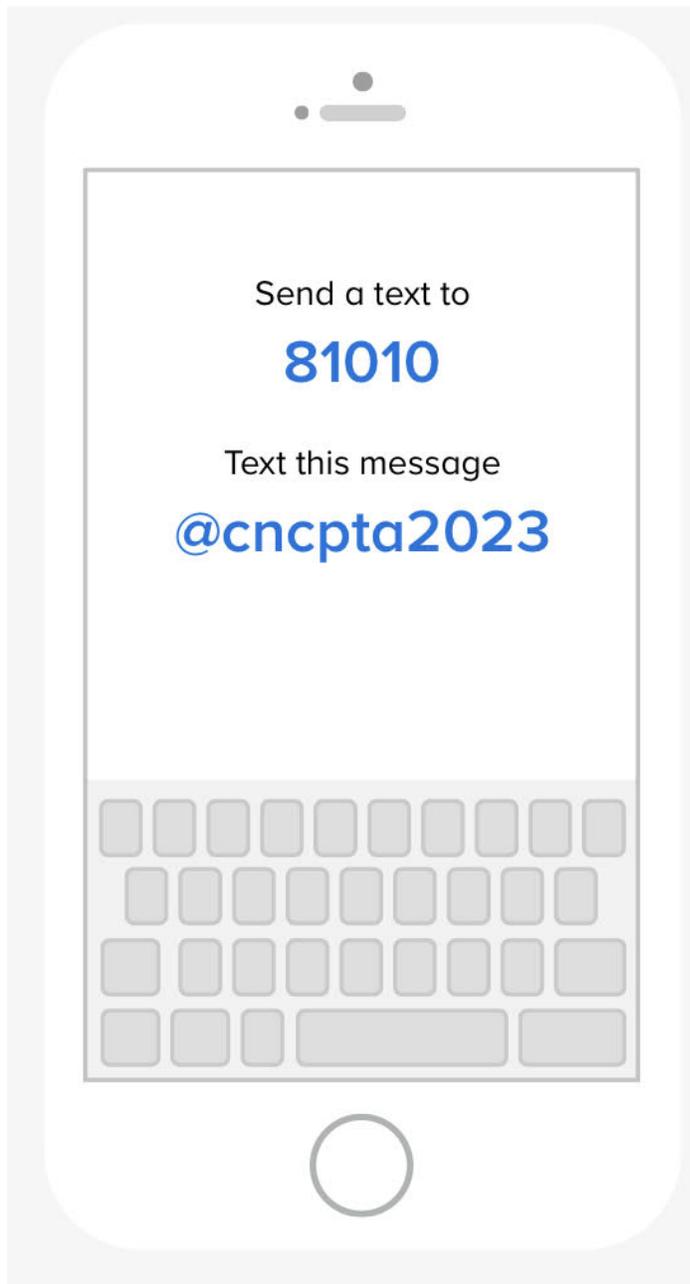
***Corona-Norco Council of PTAs may be referred to as CNCPTA throughout this document.

***California State PTA may be referred to as CAPTA throughout this document.



Sign Up For Important Updates on Remind

Get information from the Corona-Norco Council of PTAs right on your phone! Text OR download the Remind application (click link below).





Important Information and Resources

Council: Corona-Norco Council of PTAs

Corona-Norco Council of PTAs is part of 23rd District PTA

Council Website (Info/Forms/Applications): www.coronanorcocouncilpta.com

CNCPTA Mailing Address (Send Remittance to): Corona Norco Council PTA PO Box 77595
Corona, CA 92877

CNCPTA Facebook page: <https://www.facebook.com/CNPTA/>

PTA Leadership Toolkit: <https://capta.org/pta-leaders/run-your-pta/toolkit/>

TOTEM - Online Membership: <https://jointotem.com/>

myPTEZ: <https://www.myptez.com/>

eBylaws: <https://capta.org/pta-leaders/services/ebylaws/>

CORONA-NORCO COUNCIL OF PTAS

EXECUTIVE BOARD

2023-2024 CALENDAR

MEETING LOCATION: CNUSD Board Room 9:30am

WWW.CORONANORCOCOUNCILPTA.COM

June 2023	1 - Last day to upload new board roster to myPTEZ. If you need assistance, please contact president@coronanorcocouncilpta.com . 13 - Corona-Norco Council In Person Training Event. Register at https://forms.gle/BKENhCdLdyYS9NrFA . (registration not open)
July 2023	Happy PTA New Year!!! 5 - Welcome Back A, C and D Tracks!
August 2023	3 - Welcome Back B Track! 9 - Welcome Back T Track! 16 - Executive Board Meeting - President's Round Table to follow immediately 22 - Corona-Norco Council In Person Training Event. Register at https://forms.gle/6zkCRHWzbFWAqCtN8 . (registration not open)
September 2023	12 - General Association Meeting - Please invite your Administrators - Conflict Resolution Round Table TBD - School Smarts Academy - Monday Nights
October 2023	10 - Executive Board Meeting 10 - Tax Filing Workshop following Board Meeting - sign up here 21 or 22 - Red Ribbon Family Fun Festival Kickoff 23-31 - Red Ribbon Week <u>ALL UNITS MUST HAVE AT LEAST A PRESIDENT, SECRETARY AND TREASURER LISTED IN myPTEZ AND AT LEAST 15 MEMBERS PAID FOR BY OCTOBER 31.</u>
November 2023	14 - General Association Meeting - Unit Reflections Entries Due - Theme: "I Am Hopeful Because.." - Please invite your Administrators 15 - Federal Taxes, State Taxes and RRF-1/CT TR-1 Forms Due 20-24 - Thanksgiving Break

CORONA-NORCO COUNCIL OF PTAS

EXECUTIVE BOARD

2023-2024 CALENDAR

MEETING LOCATION: CNUSD Board Room 9:30am

WWW.CORONANORCOCOUNCILPTA.COM

	TBD - Insurance Premiums Due - President will receive communication directly from AIM/California State PTA
December 2023	12 - Executive Board Meeting 18-Jan 5 - T Track Winter Break 25-Jan 5 - A, B, C, D Track Winter Break
January 2024	8 - Welcome Back A, B, C and T Tracks 16 - Executive Board Meeting - Audit Workshop following Board Meeting TBD - State Legislative Convention
February 2024	1 - Corona-Norco Council of PTAs Scholarship Applications Due 13 - Executive Board Meeting TBD - State Legislative Convention TBD - Reflections Award Ceremony
March 2024	12 - General Association Meeting - Please invite your Administrators TBD - State Legislative Convention
April 2024	9 - Executive Board Meeting 15 - Elections should be complete TBD - Day of the Child
May 2024	14 - Founder's Day Event 21 - General Association Meeting - Please invite your Administrators 3-5 - CAPTA State Convention - Ontario, CA
June 2024	11 - Corona-Norco Council In Person Training Event. Register at TBD - National PTA Convention
July 2024	4 - Corona Independence Day Parade



Monthly Reports Due To Council

Every month CNCPTA requests copies of your monthly reports. We hold on to these reports for your future unit boards and use them to reference if you ever need help. Units are not required to turn their documents in but if your unit is interested in winning an “Outstanding Unit Award” presented at our Annual Founders Day Luncheon then your documents must be submitted by the due date to qualify for points. The only required documents that must be submitted to Council include compliance documentation such as financial reviews, taxes, workers’ compensation form and your annual historian report.

Units can upload their documents to our monthly unit documentation form found on our website www.coronanorcocouncilpta.com The google form link is also emailed out at the beginning of every month. Please see our monthly Unit Documentation Form for scheduled due dates.

Monthly Reports Due May Include:

Minutes

Treasurer’s Report AND Bank Reconciliation

Historian Hours

Membership Dues and Roster

Association Reports (Minutes, Secretary Report, Financial Report)

Financial Review

Any Fees Due

Copies of Completed Tax Forms

Advocacy Reports



Memberships

Membership Envelopes (Distribute Envelopes/Collect Funds - Manual)

- Money is manually collected by distributing membership envelopes (\$15 per box of 500-contact council if you would like to order).
- PTA cards MUST be distributed to paid members (Free - contact council).
- Membership funds not belonging to the unit are forwarded up monthly to CNCPTA. \$5.25 per membership at the current time. Please send payment to Corona Norco Council of PTAs along with Council Remittance Form to PO Box 77595 Corona, CA 92877.

TOTEM (Online Membership Platform)

- Money is automatically deposited into the PTA account.
- Verify that the number of memberships on TOTEM as well as any donations are included on all reports.
- Portion “not belonging to the unit” is not included on the budget.
- eMembership for June is applied to the following year
- Members pay the \$1.00 TOTEM member fee; PTA pays the TOTEM fee for processing donations.

Key Things to Remember

- VP of Membership (or chair) and Secretary have the official membership list (ALL memberships including both manual AND TOTEM).
- Verify membership recorded and deposited equals total number of memberships.
- Have membership dues been recorded and divided correctly between the association portion and income “not belonging to the unit (or council or district)”?
- Verify that income “not belonging to unit” has been forwarded as a disbursement/remittance through channels before June 1.
- Questions contact membership@coronanorcocouncilpta.com



Trainings

CNCPTA will offer both IN PERSON and virtual training this year. (Virtual training will be available later in the term.) Every officer must be trained in both their position AND general finance. Any volunteer that will be handling money must also take general financial training. A record of officer training should be kept. Training is a PTA insurance requirement and must be done. Training dates will be announced at meetings and also emailed to the email address registered in myPTEZ. NOTE: 23rd District PTA will also offer training dates but their training is not specifically tailored to our CNCPTA requirements. Please email leadership@coronanorcocouncilpta.com with any questions.

Compliance - These Elements Must be Complete in Order to Operate

Keep Your Unit in **Good Standing**

- At least 15 members by date designated in bylaws (Typically October 31.)
- All officers and chairs must be members.

Current Bylaws

- Less than 5 years from the date of California State PTA parliamentarian's signature.

Insurance Premium Paid

- Beginning 2022-2023, insurance premiums will be paid directly to AIM Insurance Services.
- 2022 premium was \$258.00 (figure 10% increase – make sure it is included in the budget!)

Worker Compensation Form Remitted

- Submitted directly to AIM Insurance whether anyone was paid by the PTA or not.
- Must be submitted by January 31.

Taxes Filed - ALL 3 (4) Must be Completed

- Required by the 15th day of the 5th month after the end of the fiscal year. (November 15 for most.)
- #1 -Federal: 990n/990/990EZ
- #2- State: 199n/199
- #3- Charitable Trust Form
- #4 - CT-TR-1 - If less than \$50,000.00 income, you must also fill out this form.
- Help is available: <http://capta.org/pta-leaders/services/tax-filingsupport-center/>.
- Budget for tax preparation services if needed! (Especially if income is over \$50,000.00.)

PTA Levels- Who Do I Contact for Help?

To receive help in a timely manner, please contact Corona-Norco Council of PTAs for assistance. If you skip Council PTA and go to 23rd District PTA, State or even National PTA, your question will be sent back down the channels and it will take a longer time to get your answer or receive help. Corona-Norco Council of PTAs has assigned a liaison to work with each unit. You can reach out to your liaison, to the specific Council Officer that chairs that specific topic, or email the President directly.

National PTA



California State PTA



23rd District PTA



Corona-Norco Council of PTAs



Your Unit PTA

Types of Meetings

Association Meetings

- First Meeting (August/September) - Approve your budget, calendar, programs, and fundraisers. Adopt year-end financial review and present the previous fiscal year's Annual Report. Release funds, ratify checks, share information from PTA, school district, and more!
- Second Meeting (December/January) Elect Nominating Committee. Adopt mid-year financial review (if in January). Amend budget if necessary. Release funds, ratify checks, share information from PTA, school district, and more!
- Third Meeting (March/April) Elect Executive Board Officers for the following year! Amend budget if necessary. Release funds, ratify checks, share information from PTA, school district, and more!
- Fourth Meeting (May/June) Board-elect presents for approval preliminary budget, calendar and releases funds for summer expenses. Ratify checks, share information from PTA, school district, and more!

The Association is the Primary Authority! (Think "Big Picture")

- Adopt the budget.
- Releases Funds.
- Reviews financial reports.
- Approves minutes.
- Ratifies the actions of the Executive Board.
- Elect the Nominating Committee.
- Elects officers.



Types of Meetings

Executive Board Meetings

Have You Been Elected or Appointed to a PTA Position? You're on the Executive Board!

- You must be a PTA member for 30 days in order to vote, debate, or be elected to office.
- Principal and teacher representatives are Executive Board Members with voting rights.
- Meet monthly (check standing rules.)
- Check for quorum in the unit bylaws - you must make quorum in order to conduct business (vote.)
- You must give notice of general business to be discussed at least ten days prior to all Executive Board Meetings; there must be at least 14 days between Executive Board and Association Meetings.

The Executive Board Handles the Work the Association Approves! (Think "Daily Snapshot")

- Adopts the plans to present to the association.
- Pays bills from funds released by the association.
- Reviews financial reports.
- Approves minutes.
- Ensures financial reviews and records are complete and forwarded through channels/uploaded to myPTEZ.
- Fills vacancies post-election.
- Carries out the work of the PTA!



PTA Rule of “Two”

Counting Money

- Funds must be counted by two PTA financially trained officers/chairs/volunteers.
- Use a Money Count Sheet or Cash Verification Form. Each counter should keep a copy, make a copy or take a photo of the Money Count Sheet.
- Deposits should be made as quickly as possible in the PTA account – never school accounts or personal accounts!
- A non-checksigner reviews and signs bank statements and reconciliations monthly to double-check.

Authorizing Payments

- Signed by the president and secretary (verifying in the minutes!)
- Use the Payment Authorization Form.

Signing Checks

- Two check signers must sign every check.

Signing Contracts

- Two officers must sign every contract.
- “CNCPTA, by Christen Vargo, President and Amber Pelland, Vice President of Leadership”

Advocacy Opportunity Ideas - Month By Month Calendar

Here are some ideas to help plan your program year. It's best to pick the advocacy ideas that best reflect the needs of your school community! You can pick one, none or all of them - It's up to you! Remember the idea is to help spread awareness! Have fun and be creative! Questions? Contact advocacy@coronanorcouncilpta.com

*****Keep an eye out for updated information coming at the start of the term in July*****

August

Kaitlyn's Law/Purple Ribbons <https://riversideca.gov/rpd/resources-forms/kaitlyns-law>

September

Childhood Cancer Awareness Month/Gold Ribbons

October

Red Ribbon Week, Anti Bullying/orange ribbons and Breast Cancer Awareness month

November

World Kindness Day November 13th, National Diabetes Awareness Month

December

"Enjoy your community"/Yellow Ribbon Month, Give the gift of literacy

January

National Mentoring Month

February

American Heart Month, Black History Month, Teen Dating Violence Month, Happy Lunar New Year and National PTA Take your Family to School Week

March

Women's History Month, National Nutrition Month, Read Across America Day

April

National Volunteer Month, National Autism Month, Stress Awareness Month, Child Abuse Awareness Month

May

National Mental Health Awareness Month



Budget

A sample budget is included to help you get started. Your budget should be built around your calendar and your fundraisers should be planned to fund your budget.

Council Fees ***May Be Updated*******

1. Council Assessment Fee - \$200 for Elementary, \$100 for Intermediate and High Schools
2. Council Outreach/Advocacy Fee - \$100
3. Convention Delegate Fee - \$30 (Only submit for California State Convention Registered Attendees)
4. Founders Day Fee - \$30 per person (Unit allowed up to 10 guests including their admin rep and honoree)

Compliance Fees

1. Insurance Premium (Suggested \$300/last year \$258).
2. Taxes (If you pay a tax preparer).

Other Suggested Budget Line Items

1. California State PTA Legislative Conference
 2. California State PTA Convention (Ontario - 2023)
- 



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BUDGET (SAMPLE)

FISCAL YEAR _____

Name of Unit _____ IRS EI # _____
 Council _____ District PTA _____
 Bank Name _____ Account # _____
 Bank Address _____

BALANCE ON HAND from previous year \$ _____
ESTIMATED RECEIPTS
 Interest income \$ _____
 Membership dues (unit portion only) \$ _____
 Fundraising (list individually) _____
 _____ \$ _____
 _____ \$ _____
 TOTAL \$ _____

RECEIPTS NOT BELONGING TO UNIT
 Council, district, State and National PTA membership per capita \$ _____
 Founders Day freewill offering \$ _____
 TOTAL \$ _____
 TOTAL RECEIPTS \$ _____

ESTIMATED DISBURSEMENTS
Operating expenses
 Membership envelopes \$ _____
 Insurance premium \$ _____
 Newsletter and publicity \$ _____
 Council/district PTA leadership workshops \$ _____
 Convention (State/National PTA) \$ _____
 Officers' and chairmen's reimbursement \$ _____
 Past president's pin \$ _____
 Honorary Service Award \$ _____
Program expenses
 Programs and assemblies \$ _____
 Reflections Program \$ _____
 Family Engagement \$ _____
 Emergency preparedness \$ _____
 Hospitality \$ _____
Fundraising
 Carnival \$ _____
 Book fair \$ _____
 Gift wrap \$ _____
Carry-over to next year \$ _____
Unallocated reserves \$ _____
 TOTAL \$ _____

DISBURSEMENTS NOT BELONGING TO UNIT
 Council, district, State and National PTA membership per capita \$ _____
 Founders Day freewill offering \$ _____
 TOTAL \$ _____
 TOTAL DISBURSEMENTS \$ _____
BALANCE ON HAND \$ _____

 Treasurer's Signature Date _____

(Sample only, please customize with the programs and fundraisers specific to your unit.)

Bylaws

Everyone on your executive board must have a copy of your unit's bylaws. Bylaws should be [reviewed annually](#), and updated every five (5) years by the bylaws committee of the association which is chaired by the [parliamentarian](#). The procedure to complete the bylaws can be found on CNCPTA's website under forms and on eBylaws when you build your bylaws. **You will receive an email if your bylaws are out of date and need to be reviewed and updated this year.** Below, you will find instructions and helpful resources to get you started. Please reach out if you have any questions. We are here to help you.

Instructions:

1. Request your eBylaws access (see below). If you cannot access your bylaws or DO NOT have a current copy you can email president@coronanorcouncilpta.com for a copy.
2. Meet with your bylaws committee and review your bylaws. (use the bylaws worksheet)
3. Go into the eBylaws website and make your changes.
4. Download a copy of the changed bylaws. If your bylaws have a DRAFT watermark, there is information that has to be changed. It may be as simple as not having enough time between your board and association meetings. If you need help, please reach out and we will help try and figure it out!
5. Submit a copy of the changed bylaws along with the bylaws submittal form to parliamentarian@coronanorcouncilpta.com.
6. Once received, CNCPTA will forward your changes to 23rd District PTA. They will be reviewed and then sent to California State PTA for approval.
7. Once the approved bylaws are returned from CAPTA, you will need to present your bylaw changes at your next association meeting for association approval. (This needs a motion) You may now function under your updated bylaws.
8. Last Step!!! Once your association approves your changes add the dates and signatures to your bylaws submittal form and upload that form and your new bylaws into your myPTEZ account under the document management tab. If you need access to your myPTEZ account please email president@coronanorcouncilpta.com for login info.
9. Congratulations!!! Once you've completed these steps your unit may operate under these bylaws for the next 5 years or until more updates are submitted!!! (Remember - reviewing and familiarizing yourself with your unit bylaws should be one of the first things that a board does each year).

- Request your eBylaws Access: <https://capta.org/pta-leaders/services/ebylaws/>
- Essential Role of Bylaws: <https://capta.org/pta-leaders/run-your-pta/bylaws-and-standing-rules/>
- Unit Bylaws Worksheet Attached: This sheet will help you review your bylaws with your board. Once completed you can update your bylaws online at eBylaws. (Hint**This is a great cheat sheet just to fill in and keep in your binder with all your important unit information)
- Easy Bylaws review PDF
- Instructions for Completing Bylaws PDF
- Bylaws Q&A: <https://capta.org/pta-leaders/run-your-pta/bylaws-and-standing-rules/meeting-notice-quorums-and-voting/bylaws-qa/>



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BYLAWS SUBMITTAL FORM FOR UNITS AND COUNCILS

INSTRUCTIONS – To submit updated bylaws for review and approval:

- Complete this form, listing proposed bylaws amendments on page 2
- Send form and three (3) double-sided copies of updated Bylaws and Standing Rules plus four (4) extra Signature Pages to your council PTA, if in council, or your district PTA

1. PTA INFORMATION:

Unit: _____

Council: _____

District PTA: _____

Organization Date: _____

California State PTA ID#: _____

National PTA ID#: _____

Employer Identification #: _____

Franchise Tax Board #: _____

Registry of Charitable Trust #: _____

Incorporation #: _____

Grade Levels: _____

Fiscal Year: _____

2. THE ENCLOSED BYLAWS AND STANDING RULES (Check all that apply):

- New Unit New Council Organization Date: _____
- Update to current standard bylaws with no changes
- Change of Status/Fiscal Year (District PTA to attach original COS form signed by district president)
- Proposed amendments as listed on page 2
- Additional Standing Rules attached No additional Standing Rules

FOR OFFICE USE ONLY – DISTRICT PTA OFFICER/CHAIRPERSON TO COMPLETE:

Name: _____	
District Position:	<input type="checkbox"/> President <input type="checkbox"/> Parliamentarian <input type="checkbox"/> Other
Street Address: _____	
City: _____	Zip Code: _____
Email: _____	Phone: _____
Date Submitted to District PTA: _____	Date Submitted to State PTA: _____

Financial Review

Your unit must complete at least 2 Financial Reviews in a year. You must also complete whenever bank accounts are closed or check signers are changed/removed.

1. End of Year Financial Review (January 1, 2024- June 30, 2024)
2. Mid-Year Financial Review (July 1, 2023 - December 31st, 2023)

Who completes a Financial Review?

- Your elected PTA auditor provided they are qualified.
- Your auditor and an audit review committee (Need committee if your elected Financial Reviewer does not have a qualified financial background.)
- A Financial Review Committee.
- Council.
- Paid independent Financial Reviewer (NO review committee needed if the auditor is CPA, etc..)

Financial Reviewer Duties

- All accounts are reviewed separately. (Every account needs a separate review.)
- Trace financial transactions through all the records.
- Ensure proper accounting for income and expenditures.
- Ensure that all expenditures have been authorized in the minutes.
- A Financial Reviewer is never a check signer, not an appointed officer, chair or any related individuals.

Please email your Financial Review, including checklist, recommendation page AND bank statement to auditor@coronanorcouncilpta.com.

You will also need to upload a copy of your Financial Review to your myPTEZ account. If you need help with your Financial Review please reach out to auditor@coronanorcouncilpta.com.

Remember, your Financial Reviews are a compliance requirement from California State PTA and our insurance company AIM. If reviews are not completed, the insurance company may deny any claim made.

Five Minute Financial Review Procedure

- **Step 1:** Look at the checks. Verify
 - Two signatures on every check
 - Payee, amount and date match the treasurer's report
 - Purpose of payment is included in the check's note section

- **Step 2:** Look at the deposits. Verify
 - Date and amount match the treasurer's report
 - Deposits have been timely

- **Step 3:** Assure no online payments or withdrawals have been made using a debit/ATM card. Assure no cash withdrawals have been made.

- **Step 4:** Reconcile the bank statement to the treasurer's report.
 - Make adjustments for checks that have not cleared and deposits not shown.

- **Step 5:** If necessary, contact the treasurer to determine the source of any errors. Corrections, if required, are included in the next treasurer's report. Report findings, if any, to unit president, treasurer and financial reviewer (if the reviewer isn't the financial reviewer).

The five-minute financial review will not reveal that the treasurer allocated income incorrectly, but it will point out that a deposit showing on the treasurer's report didn't actually make it to the bank or that a check cashed by the bank didn't show up on the treasurer's report. If this happens, ask more questions and investigate further.

Notes:



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FINANCIAL REVIEW REPORT

Date _____ Fiscal Year _____
 Name of Unit _____ IRS EIN _____
 Council _____ District PTA _____
 Bank Name _____ Acct Name _____
 Bank Address _____ City/Zip _____
 Membership Dues Per Bylaws \$ _____
 Total Members YTD _____ E-Members YTD _____

Dates covered by this review _____ to _____

Check numbers included in this review _____ to _____

BALANCE ON HAND as of end of the last review period _____ (date) \$ _____
RECEIPTS since last review **TOTAL** \$ _____
DISBURSEMENTS since last review \$ _____
BALANCE ON HAND as of _____ (date) \$ _____*

BANK RECONCILIATION

BANK STATEMENT BALANCE as of _____ (date) \$ _____
DEPOSITS not yet credited (add to balance) \$ _____
 \$ _____ \$ _____ \$ _____

UNCLEARED CHECKS (List check number and amount)

_____ \$ _____ # _____ \$ _____ # _____ \$ _____
 # _____ \$ _____ # _____ \$ _____ # _____ \$ _____

TOTAL uncleared checks (subtract from balance) \$ _____
BALANCE in bank account as of _____ (date) \$ _____*

*These lines must balance

Read the following when the financial reviewer's report is given: I have examined the financial records of the treasurer of _____ PTA/PTSA and find them:

- Correct with no recommendations.
- Correct with the attached recommendations.
- Substantially correct with the attached recommendations and findings.
- Partially correct. More adequate accounting procedures need to be followed so that a more thorough financial review report may be given.
- Incorrect

Attach separate report of explanation and recommendations to executive board.
 A separate financial review form must be completed for each bank account.

Date Financial Review Completed _____ Date Review Examined by Committee _____
 Date Executive Board Adopted _____ Date Association Adopted _____
 Financial Reviewer's Signature _____ Printed Name _____
 Financial Reviewer is a qualified accountant? Yes No (If Yes, Financial Review Committee is not required.)
 Definition of qualified accountant can be found in the Insurance Guide.
 Review Committee Signature(s) _____

(Copies to: unit president, secretary, and treasurer;
 Upload a copy of the report and findings as one file to the document retention system)



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FINANCIAL REVIEW CHECKLIST Unit Name _____

Date _____

DESCRIPTION	YES	NO	N/A
Financial Records Provided: List missing records/forms not completed on recommendation report.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bylaws & Standing Rules <input type="checkbox"/> Budget(s) <input type="checkbox"/> Last Financial Review Report <input type="checkbox"/> Ledger <input type="checkbox"/> Checkbook register			
<input type="checkbox"/> Cancelled checks (including voids) <input type="checkbox"/> Authorizations for Payment <input type="checkbox"/> Cash Verification Forms <input type="checkbox"/> Online Deposit Form			
<input type="checkbox"/> Bank statements/bank books/deposit slips <input type="checkbox"/> Bank Reconciliations <input type="checkbox"/> Receipts/bills <input type="checkbox"/> EFT/ACH/Bill Pay Forms			
<input type="checkbox"/> Exec board minutes <input type="checkbox"/> Association minutes <input type="checkbox"/> Committee reports <input type="checkbox"/> Treasurer Reports (Board & Association)			
<input type="checkbox"/> Financial Secretary Records <input type="checkbox"/> Annual Financial Report <input type="checkbox"/> Workers' Compensation Annual Payroll Report form			
<input type="checkbox"/> IRS Forms 990/990EZ/990N <input type="checkbox"/> State Form 199 <input type="checkbox"/> State Form RRF-1 <input type="checkbox"/> State Form CT-TR-1 (if required)			
As required for PTAs with employees or independent contractors: <input type="checkbox"/> IRS Form 941 <input type="checkbox"/> IRS Form 1099 <input type="checkbox"/> State Form DE-6 <input type="checkbox"/> State Form DE-542 Other: _____			
Beginning Balance Records			
1. Check to see if amount shown on first bank statement (adjusted for outstanding checks and deposits) corresponds to the starting balance recorded in checkbook register, ledger, treasurer's report and ending balance of last fin. review	<input type="checkbox"/>	<input type="checkbox"/>	
Bank Reconciliation			
1. All bank statements opened/printed, reviewed, signed & dated monthly by non-check signer	<input type="checkbox"/>	<input type="checkbox"/>	
2. All bank statements reconciled by treasurer and reviewed, signed & dated monthly by non-check signer	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ending balances (checkbook register, ledger and treasurer report) agree with last bank statement (adjusted for outstanding checks and deposits not posted to bank statement)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Deposits and Checks Written: (signed by two authorized check signers per the bylaws)			
a) Recorded in checkbook register	<input type="checkbox"/>	<input type="checkbox"/>	
b) Recorded in ledger in proper line items/categories/columns	<input type="checkbox"/>	<input type="checkbox"/>	
c) Agree with treasurer reports	<input type="checkbox"/>	<input type="checkbox"/>	
5. Electronic payments and deposits recorded in checkbook register, ledger and treasurer reports	<input type="checkbox"/>	<input type="checkbox"/>	
6. Bank charges and interest recorded in checkbook register, ledger and treasurer reports	<input type="checkbox"/>	<input type="checkbox"/>	
Membership			
1. Amount recorded and deposited equals total number of memberships received # _____ (members) @ \$ _____ (membership dues listed in bylaws) = \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Amount forwarded to next level PTA equals total number of memberships received, less TOTEM online memberships # _____ (members) @ \$ _____ (per capita amount listed in bylaws) = \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance – premium(s) paid to insurance company by due date	<input type="checkbox"/>	<input type="checkbox"/>	
Minutes			
1. Original budget and updates/changes approved by association and recorded in minutes	<input type="checkbox"/>	<input type="checkbox"/>	
2. Funds released by association and recorded in minutes as released	<input type="checkbox"/>	<input type="checkbox"/>	
3. All expenditures approved and recorded in executive board minutes (List those expenditures not approved on recommendation report)	<input type="checkbox"/>	<input type="checkbox"/>	
4. All expenditures approved/ratified in association minutes (List those expenditures not approved on recommendation report)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Committee minutes record plans, proposed expenditures, and total of monies earned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorizations for Payment (signed by secretary and president)	<input type="checkbox"/>	<input type="checkbox"/>	
1. All authorizations written for approved amounts (List missing authorizations on recommendation report)	<input type="checkbox"/>	<input type="checkbox"/>	
2. All authorizations have receipt/bill attached (List missing receipts/bills on recommendation report)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Authorizations match checks written	<input type="checkbox"/>	<input type="checkbox"/>	
Income			
1. Deposits properly supported	<input type="checkbox"/>	<input type="checkbox"/>	
2. Cash Verification Forms used with two non-related people counting money and signing	<input type="checkbox"/>	<input type="checkbox"/>	
3. Income received matches deposits recorded in checkbook register, ledger and treasurer reports	<input type="checkbox"/>	<input type="checkbox"/>	
4. Designated income spent as specified	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Secretary Reports			
1. Filed for every association and board meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Receipts/Deposits agree with ledger & register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer Reports			
1. Filed for every association and board meeting	<input type="checkbox"/>	<input type="checkbox"/>	
2. Agree with ledger and checkbook register	<input type="checkbox"/>	<input type="checkbox"/>	
3. Annual Financial Report	<input type="checkbox"/>	<input type="checkbox"/>	
Committee Reports			
1. Committee reports for all fundraisers submitted or report in minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Forms and Tax Returns			
1. Verify that all forms have been filed annually (if required)	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Review Reports			
1. Previous Financial Review completed	<input type="checkbox"/>	<input type="checkbox"/>	
2. Financial Review Report examined by financial review committee or conducted by qualified accountant	<input type="checkbox"/>	<input type="checkbox"/>	
3. Present written report with recommendations to executive board	<input type="checkbox"/>	<input type="checkbox"/>	
4. Present Financial Review Report to association for adoption	<input type="checkbox"/>	<input type="checkbox"/>	
5. Upload complete report as one file to document retention system	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Review Recommendations			
All "No" answers should be included in the report as recommendations to change financial procedures. At the completion of the review, meet with president and financial officers to discuss recommendations and any corrections as needed. When errors have been corrected by a financial officer and accounts are accurate, draw a double line in red ink where the review concludes on all records. Sign & date the reviewed materials.			
Mismanagement – Is mismanagement suspected? (Contact district PTA president immediately for assistance if yes.)	<input type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDATIONS

ALL UNITS: This form must be included with all Financial Review reports.

Unit name _____ Reviewer's Name _____

(List recommendations below and include those corrections made from the last recommendations.)

Corona-Norco Council PTA Financial Review Worksheet

Unit name _____ Reviewer's Name _____

1. Were there Non-Sufficient Funds (NSF-bounced checks) received during this reporting period?

Yes No

A. If yes, list the total dollar amount of NSF accrued during this rating period: \$ _____.

B. List the total amount of NSF **collected or reimbursed** to your PTA from the check writers:

\$ _____.

C. List the total amount of NSF **NOT** collected or reimbursed to your PTA from the check writers:

\$ _____.

2. List the total amount of NSF Bank Fees your bank charged you: \$ _____.

A. List the total amount of NSF Bank Fees **collected or reimbursed** to your PTA from check writers:

\$ _____.

B. List the total amount of NSF Bank Fees **NOT** collected or reimbursed to your PTA from check writers:

\$ _____.

3. Were prior auditing period recommendations corrected? Yes No

4. Does your Unit's "Funds Request" forms or "Payment Authorization" forms align with the current CAPTA Toolkit? Yes No

5. Are inventory lists recorded in the Secretary's Minute Book? Yes No
(ie: T-shirts, popcorn or snow cone machine)

6. Scholastic Dollars: Did your Unit receive Scholastic Dollars or cash payment for the book fair?

Credits (ie Scholastic Dollars) **Cash Payment**

A. What is the amount of Scholastic Dollars currently available?

B. \$ _____.

C. If cash was earned, what was the amount of the cash payment earned?

\$ _____.

7. List the amount of monthly service charges and bank fees charged to your Unit by your bank:

\$ _____ List the total amount of service charges and bank fees charged to your unit by your bank for this reporting period: \$ _____.

8. How many bank accounts does this Unit have? (Include all savings and checking) _____.

9. Does this Unit have a "Pay Pal" account? Yes No

10. Financial Reviewer information (person/s completing this report):

NAME/S: _____

PHONE: _____

EMAIL: _____

Taxes

Taxes are due for all units to Council on October 10th, 2023. Units must submit a copy to the council AND upload into myPTEZ.

THE LAST DATE TO COMPLETE TAXES IS NOVEMBER 15th!!! Please file an extension if needed.

TAX LINKS AND INFORMATION (UNDER \$50,000 REVENUE) Units must complete ALL 3 (4) forms. Instructions are attached. Links can be found along with video on our website www.coronanorcocountilpta.com

1. Form 990-N (IRS) [IRS Form 990-N Electronic Filing System \(e-Postcard\)](#)
2. Form 199N (State) [199N California e-Postcard | FTB.ca.gov](http://FTB.ca.gov)
3. RRF-1 (Charitable Trust Renewal) [RRF-1, Annual Registration Renewal Fee Report and Instructions](#)
4. CT-TR-1 - Must be completed with RRF-1 if income under \$50,000. <https://oag.ca.gov/system/files/media/ct-tr1-form.pdf>

TAX LINKS AND INFORMATION (OVER \$50,000 REVENUE) Units must complete ALL 3 forms. Instructions are attached. Links can be found along with video on our website www.coronanorcocouncilpta.com

1. Form 990-EZ and 990 (Federal) <https://www.irs.gov/pub/irs-pdf/f990ez.pdf>
[Form 990, Return of Organization Exempt From Income Tax](#)
2. Form 199 (State) <https://www.ftb.ca.gov/forms/2020/2020-199.pdf>
3. RRF-1 (Charitable Trust Renewal) [RRF-1, Annual Registration Renewal Fee Report and Instructions](#)



MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code
 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

(For Registry Use Only)

Name of Organization _____	State Charity Registration Number _____
Address (Number and Street) _____	Corporation or Organization No. _____
City or Town, State and ZIP Code _____	Federal Employer I.D. No. _____

For annual accounting period (beginning ___ / ___ / ___ ending ___ / ___ / ___)

BALANCE SHEET

ASSETS

LIABILITIES

Cash	\$
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$
TOTAL ASSETS	\$

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
TOTAL LIABILITIES	\$

FUND BALANCE

Total Assets less Total Liabilities	\$
-------------------------------------	----

REVENUE STATEMENT

REVENUE

EXPENSES

Cash Contributions	\$
Noncash Contributions	\$
Program Revenue	\$
Investments	\$
Special Events	\$
Other Revenue	\$
TOTAL REVENUE	\$

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$
Insurance	\$
Other Expenses	\$
TOTAL EXPENSES	\$

NET REVENUE

Total Revenue less Total Expenses	\$
-----------------------------------	----

I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
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HOW TO SIGN IN

STEP 1

Open the electronic filing page: <https://www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard>.

After reviewing the information provided on the Form 990-N webpage, click the “Submit Form 990-N(e-Postcard)” link under the “Submitting Form 990-N (e-Postcard)” header.

STEP 2

Sign In or Create a New Account

- IRS now offers sign-in options with Login.gov and ID.me. Both offer access to IRS online services through a secure account that protects your privacy.
- If you have an existing IRS username, please create an account with Login.gov or ID.me as soon as possible.

HOW TO CREATE AN ELECTRONIC FORM SUBMISSION

STEP 1

Select **MANAGE E-POSTCARD PROFILE** to create a new Form 990-N electronic filing submission.

The screenshot shows the IRS website interface for managing Form 990-N e-Postcard profiles. At the top, it says "Electronically file your Form 990-N (e-Postcard)" with links for Home, Security Profile, and Logout. The page is split into two main sections: "e-Postcard Profile" and "Manage Form 990-N Submissions".

e-Postcard Profile
Before you can create a Form 990-N (e-Postcard), you must create your e-Postcard Profile. Your e-Postcard Profile allows you to:

1. Designate your e-Postcard Profile as either a "Preparer" or "Exempt Organization"
2. Add EINs to your e-Postcard Profile
3. Remove EINs from your e-Postcard Profile

More information on who must file a Form 990-N.
Once created, you can update your e-Postcard profile at any time. Click the button below to get started.

MANAGE E-POSTCARD PROFILE

Manage Form 990-N Submissions
Once your e-Postcard Profile is created, you can use the Manage Form 990-N Submissions page to:

1. Create a Form 990-N
2. View the status of your existing Form 990-N submission(s)
3. Edit an in-progress Form 990-N
4. Delete an in-progress Form 990-N

MANAGE FORM 990-N SUBMISSIONS

STEP 2

From the drop down shown below, select either **Exempt Organization** or Preparer in the “User Type” field.

- **Exempt Organization:** Select if you are only completing 990-N for your organization.
- **Preparer:** Select if you expect to help multiple organizations.

Example: A preparer can be a paid preparer, such as a CPA, volunteer or someone aiding exempt organizations at a local library. By selecting Preparer, you can use your login to add as many organizations as you wish.

After selecting the user type, select **CONTINUE**.

The screenshot shows the 'e-Postcard Profile' page with a progress bar at the top. The first step, 'e-Postcard Profile', is highlighted. Below the progress bar, there is a red instruction: 'Please select Exempt Organization or Preparer'. Underneath, the 'User Type' dropdown menu is open, showing three options: 'Select One...', 'Exempt Organization', and 'Preparer'. At the bottom of the dropdown, there are two buttons: 'PREVIOUS' and 'CONTINUE'.

STEP 3

Enter an EIN for the organization you're filing for, then click **ADD EIN**. You may also delete EINs already associated with your profile by selecting **DELETE EIN**. To continue, select **CREATE NEW FILING**.

The screenshot shows the 'e-Postcard Profile' page with the progress bar. The second step, 'Select EIN', is highlighted. Below the progress bar, it says 'You are logged in as: Exempt Organization Edit user type'. There is an 'EIN' input field with 'XX' in the first part and 'XXXXXXXX' in the second part, followed by an 'ADD EIN' button. Below this is a section titled 'Currently Associated EIN(s)' with a table. The table has columns for 'EIN', 'Organization Name', 'Date Added', and 'Delete'. The table content shows 'No EINs are currently associated with your ID'. At the bottom, there are two buttons: 'DELETE EIN' and 'CREATE NEW FILING'.

STEP 4

Select the EIN you wish to file for from the drop-down menu. Once you have selected the EIN, select **CONTINUE**.

The screenshot shows the 'Select EIN' page with the progress bar. The second step, 'Select EIN', is highlighted. Below the progress bar, there is a red instruction: 'Please select the EIN for which you want to file for'. Underneath, there is an 'EIN' dropdown menu with the text '-Select EIN-' and a downward arrow. At the bottom, there are two buttons: 'MANAGE E-POSTCARD PROFILE' and 'CONTINUE'.



Annual Historian Report

Annual Historian Reports are due to CNCPTAI in March. Why do PTAs submit reports? California State PTA requires filing of this report as stated in PTA bylaws. Information on volunteer hours is used for financial reviews, advocacy and grant applications. Most importantly, our volunteer hours help keep our non-profit, 501 (c)(3) status! Please complete, keep a copy for your records and email to historian@coronanorcocouncilpta.com.

Annual Historian Report

[https://img1.wsimg.com/blobby/go/45dff94a-8ce5-433c-b399-9cb83fc5cc40/downloads/Unit_Annual_Historian_Report_Form_\(fillable\).pdf?ver=1683681444567](https://img1.wsimg.com/blobby/go/45dff94a-8ce5-433c-b399-9cb83fc5cc40/downloads/Unit_Annual_Historian_Report_Form_(fillable).pdf?ver=1683681444567)

PTA UNIT – ANNUAL HISTORIAN REPORT FORM

Reporting Period – July 1 to June 30 _____

Instructions:

- Complete this form and file it in your Historian’s procedure book
- Make 2 copies of your completed form:
 - Give 1 copy to your unit secretary to file with the minutes
 - Send 1 copy - through channels - to your PTA council/ district. Check your council/ district due date.

Why do PTAs submit reports?

California State PTA requires filing of this report as stated in PTA bylaws. Information on volunteer hours is used for audits, advocacy and grant applications.

Tips – Reporting Volunteer Hours:

- Total your unit’s volunteer hours projected to June 30
- Remember to include time spent by your members involved in:
 - PTA activities benefiting children
 - Unit, council, district, state and National PTA programs, projects and training
 - PTA-related meetings as well as travel, phone, email and paperwork time

UNIT INFORMATION (*Please Print*)

PTA/ PTSA Name: _____

Preschool Elementary School Jr./ Middle School High School Other

District PTA Number/ Name: _____ **State PTA Identification #:** _____

See bylaws or mailing labels from State PTA for ID number

Report Completed by: Historian President Other

Name: _____

Street Address: _____

City/ Zip: _____

Phone #: _____ **Email:** _____

President’s Name: _____

President’s Signature: _____

DATE: _____ **TOTAL VOLUNTEER HOURS REPORTED =** _____

Nominating Committee and Elections

Below, you'll find helpful information on election procedures including the selection of your Nominating Committee. Every unit must host an election in the spring at your Association Meeting according to your bylaws. **If elections are NOT held your unit will NOT have a legal PTA board in place to start operating on July 1st.** If that happens your unit may not conduct any business until an election is held and hosted by Corona-Norco Council of PTAs. It is very important your unit follows the election procedures outlined by California State PTA. Most of you are newly elected presidents meaning this is your first term. Unit bylaws state a unit officer can serve no more than two consecutive terms. This means if you are interested in serving again next year, you will need to be elected again in the spring. If you need help please reach out to me or your assigned liaison.

The purpose of the Nominating Committee is to recognize and seek qualified nominees for the elected leadership of the PTA. The members of the committee, therefore, have a tremendous influence on the future of the PTA and should be selected carefully.

The Nominating Committee is the only PTA committee that is not appointed by the President. This committee is elected by the membership at least two months prior to the election of officers. Determining when to elect the committee and how many people to elect is outlined in your unit bylaws. Don't forget to elect alternates, in the event an elected committee member cannot attend a meeting. Most units should be electing the Nominating Committee no later than January for the election of officers in March or early April.

The committee needs a balance of newer and more experienced PTA members, all of whom should be knowledgeable about PTA and who are:

- Aware of qualified potential nominees
- Familiar with the eligibility requirements and the qualifications necessary for the offices to be filled
- Willing and able to devote adequate time to the responsibilities involved and maintain confidentiality.
- Don't overlook student and teacher members.

The election of the Nominating Committee should not be a popularity contest based on willingness to serve nor should it consist solely of the PTA Executive Board. The PTA President never serves on the committee, and the Parliamentarian serves only when elected to serve. The Principal may be elected to the committee. If they are not, they are encouraged (and should) at least serve as an advisor to the group. No person may serve on the committee for two consecutive years. Be sure to elect your Nominating Committee wisely!

Information on procedures and resources can be found at <https://capta.org/pta-leaders/run-your-pta/nominations-and-elections/>. It lists who is eligible to be elected to your Nominating Committee and answers many frequently asked questions.

NOMINATING COMMITTEE CHECKLIST

- Elect nominating committee at association meeting**
 - Must be at least 60 days prior to annual election meeting
 - Check number of members and alternates as listed in bylaws
 - Verify eligibility of committee member nominees
 - Verify PTA membership
 - Check service on previous nominating committee

- Schedule committee meeting**
 - Parliamentarian arranges date
 - Principal included as advisor, if not elected
 - Alternate(s) called if elected member unable to attend first meeting

- Committee meets**
 - Parliamentarian gives instructions (stays only if an elected member)
 - Elect committee chairman
 - Review officer positions and duties (Bylaws and Standing Rules)
 - Prepare slate
 - Each nominee must be a PTA member (membership list)
 - Each nominee must be enthusiastic and supportive of PTA
 - Each nominee should have knowledge of the organization and its role in the school and in the community
 - Each nominee should be willing to give PTA a satisfactory level of priority and commitment, including attendance at meetings
 - Each nominee should be able to work well with people
 - Call potential nominees
 - Include clear indication of responsibilities of the position
 - Include any expected representation at council or district meetings
 - Do not try to persuade a reluctant individual
 - Do not try to “fill the board” = just to have names in place
 - Schedule follow-up meeting if needed
 - Remind everyone that all discussions are confidential
 - Committee members sign slate

- Membership notified of nominees in writing at least 30 days prior to election meeting**



Help! Someone resigned, what do we do? Post-Election Vacancies and Appointed Positions

Someone resigned: First, don't panic, it happens quite often. Follow these steps to help you fill the vacant position.

1. Your bylaws will dictate which officer calls the meeting (Executive Vice President, 1st Vice President or other officer). Present the resignation to the board. The board should move to accept the resignation.
2. Post the notice of the vacant position to your association.
3. Present the interested candidates to your board. Then your board will "Elect" the new officer by making a motion. You do not need to call an Association Meeting.
4. Update the new board information into myPTEZ and contact president@coronanorcocouncilpta.com.

Post-annual election vacancy: Post-annual election meeting, vacancies in the **elected** offices of the executive board (as defined in Article V, Section 2) are filled by the executive board (or executive board-elect, depending on when the vacancy occurs.). For example, there is currently a vacancy in the position of treasurer for the upcoming year. The board-elect would convene (meeting quorum, as is needed for any vote to occur) to elect to the vacant position, provided there is a candidate. **This is not an appointment, it is an election and the verbiage must reflect that.** This is articulated in Article V of the unit bylaws.

Further, for any vacancy in elected offices occurring after the board-elect takes office (becoming the current board) the board would follow the same process regardless of how many times the position becomes vacant throughout the course of the year. **The process would always proceed as defined in the unit bylaws.** The only time post-annual meeting the electing to a vacant elected office would require presentation to the association would be if the executive board with the authority to elect could not make a quorum.

Appointed Positions: Appointed positions are filled by appointment of the president, *subject to ratification of the executive board*. This means that all appointments must be ratified in order to be legally binding.



Vendor Requirements

A vendor must fill out a hold harmless form and have the specific quote California State PTA needs on their insurance - see vendor instructions. There is a list of approved vendors from California State PTA however, there are very few vendors from our area. If you have a vendor that wants to be on that list they need to contact AIM Insurance directly to be added. See attached vendor requirements for instructions.

We also have an approved vendor list through CNUSD. We will make that list available to you at the start of the term.

Contractor/Vendor Requirements

A vendor is a person or company who provides a service or sells goods such as:

- Bus Company, Food Truck
- Book Fair, Fundraising Company, Instructors
- Inflatable Company, Assembly Act
- DJ, Caterer, Food Purveyor, etc.

Insurance Requirements:

- a) Workers' Compensation Insurance: Required if vendors have employees engaged in the performance of work under the agreement.
- b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable
- c) Automobile Liability Insurance: Required only if you are providing transportation (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for limousines with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830. Other autos at \$1M (including Food Trucks).

The vendor must meet the above insurance requirements and provide the following three items:

1. **Certificate of Insurance** naming California State PTA as the certificate holder and additional insured with the following language:
California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers.
2. **Additional Insured Endorsement** CG 20 26 07 04 (can be a blanket form)
3. **Hold Harmless Agreement** - Completed and signed by the vendor (attached)

Instructions:

1. Provide the vendor with the complete section of requirements above.
2. Items 1, 2 and 3 above must be completed and obtained prior to the date of the event and kept on file at your location.
3. The PTA is responsible for collecting and confirming the special wording is accurate on the Certificate of Insurance.
4. Your vendor contract needs to be in the name of your PTA, not your school or an individual.

The PTA is not allowed to sign a Hold Harmless or Indemnity Agreement without prior review and consent from the PTA Insurance Broker.

Your vendor might already be approved. You can confirm by contacting AIM and requesting the "Approved Vendor List."

The California State PTA insurance does not cover vendors/concessionaires/service providers. Consequently, all vendors/concessionaires/service providers are required to provide Evidence of Insurance to each PTA unless annual Evidence of Insurance has been filed with the California State PTA Insurance Broker.

HOLD HARMLESS AGREEMENT

FOR PTA FUND RAISING VENDORS/CONCESSIONAIRES/SERVICE PROVIDERS

Insurance Requirements:

- (a) Workers' Compensation Insurance: Required if you have employees engaged in the performance of work under the agreement.
- (b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable.
- (c) Automobile Liability Insurance: Required only if you are providing transportation (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for Limo's with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830. Other Autos at \$1M (including Food Trucks).

If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy **MUST** be submitted with your contract.

Endorsement containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers.

The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

(Name of vendor/concessionaire/service provider)

I/We _____
(vendor/concessionaire/ service provider) agree(s) to defend and to indemnify and hold harmless, the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all of their officers, directors, members and volunteers with respect to my/our liability for "bodily injury," "property damage" or "personal and advertising injury" to the extent caused by my/our acts or omissions or for the acts or omissions of those acting on my/our behalf:

- A. In the performance of my/our ongoing operations; or
- B. In the sale or distribution of my/our products; or
- C. In connection with my/our premises rented to you.

Unless caused by the negligence of the California State PTA, unit, council or district PTAs.

NOTE: The terms and conditions of this agreement shall apply with respect to Vendor's/Concessionaire's/Service Provider's operations for any unit, council, district or State PTA in California.

PRINT NAME OF ENTITY: _____

DATE: _____ SIGNED: _____
(Vendor/Concessionaire/Service Provider)

PRINT NAME: _____ TITLE: _____

Vendor: If you wish to be included as an approved vendor on the PTA Insurance website contact our broker at (214) 360-0801 or email at CAPTA@aim-companies.com.

POLICY NUMBER: policy # here

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and volunteers.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



Red Light, Yellow Light, Green Light

It is critical that the RED, YELLOW and GREEN list be reviewed before planning any PTA activities. Certain activities and events are prohibited because they are excluded by the insurance policy and/or because they are dangerous and/or jeopardize the safety of our children and youth. This list is not all-inclusive. If you are interested in sponsoring an activity not included in the list, contact AIM to ensure it is covered by your insurance policy.

Red Light

Certain activities and events are prohibited and are not covered under your insurance policy. Individual PTA officers may be held personally liable for conducting any of the events noted in RED on the following page of this guide. The RED light activities are prohibited activities.

Yellow Light

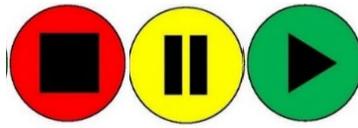
Occasionally, PTAs want to sponsor activities which may require waivers of liability and certificates of insurance. PTAs must strictly adhere to PTA guidelines and/or other special arrangements. All conditions must be met before undertaking any activities noted in YELLOW on the following page of this guide. The insurance broker must be consulted.

Green Light

Approved activities and events are noted in GREEN on the following page of this guide. Please refer to the California State PTA Toolkit and the National PTA Quick-Reference Guides for more information about appropriate PTA fundraising activities.

DO NOT SIGN

Under no circumstances should any unit, council or district PTA sign a Hold Harmless Agreement for a vendor/concessionaire/service provider or agree in any way that the PTA will be held responsible for liability. This prohibition is in place regardless of the activity's place on the red, yellow, green list. Review all contractual arrangements very carefully to make sure that they do not contain such provisions. If a contract includes a Hold Harmless Agreement or Indemnity Clause, contact the California State PTA Insurance Broker prior to signing.



Red Light, Yellow Light, Green Light



RED - STOP: This activity is excluded from your policy.



YELLOW -PAUSE: Use caution. Even though this event is potentially covered under your policy, this is a high-risk event and you need to take extra precaution when hosting.



GREEN -PLAY: Covered event



After School Programs



Archery



Aircraft



All Night Lock-Ins



Animal Rides



Apple Bobbing



Arts & Crafts Activities



Asbestos Exposure



Athletic Leagues, Clinic, Camps



ATVS



Auctions



Babysitting at Meetings



Bake or Food Sales



Balloon Artists



Baseball Toss



Beautification Projects



Bike Rodeos



Book Fairs



Bounce Houses



Bowling



Broom Hockey



Bungee Jumping



Cake Walks



Camps - Outdoor Enrichment/Science



Candy/Wrapping Paper Sales



Car Wash



Carnivals



Color Runs



Colored Sand Painting



Concession Stands



Confetti Eggs



Costume Parties



Cow Bingo



Crossing Guards



Dances, Line Dancing



Dinners



Drones



Dunk Tanks



E-Waste



Egg Toss



Enrichment Programs



Face Painting



Family Portraits



Farmers Market



Fashion Shows



Fireworks



Fishing (from land)



Food Sales



Football Throw



Fortune Telling



Fun Runs



Gift Wrapping



Golf Tournaments



Grad Nights



Haunted Houses



Hobby Shows



Hot Air Balloons



Ice Cream Socials



Inflatable Slides



Jump Rope



Litter Cleanup



Magic Shows



Mechanical/Motorized Rides



Moon Walks



Motorized Watercraft



Movie Night



Open Houses



One Day Athletic Events



Paint Ball Guns



Parent Education



Pee Wee Golf



Performing Arts



Petting Zoos



Picnics and picnic games



Pizza Night



Raffles



Ring Toss



Rock Climbing Walls



Rocketry



Sale of Weapons



Science Fairs



Skating Rink (roller and ice skating)



Spelling Bees



Sumo Wrestling



Swim Parties



Talent Shows



Trampolines



Velcro Walls



Water Balloon Toss



Water Slides (no homemade)



Workshops



Zip Lining

How to Report an Insurance Claim

Follow the attached instructions from AIM Insurance. The Incident Report Form must be completed for every incident and accident that occurs at the time of occurrence. A copy must be kept on file by your organization and additional copies should be sent to your 23rd District PTA president and California State PTA at insurance@capta.org. Please copy the CNCPTA (president@coronanorcocouncilpta.com) on the email also. If a very serious incident/accident is being reported, you may also want to call the California State PTA Insurance Broker - AIM.

1. 23rd District PTA President president23@23rddistrict.org
2. Corona Norco Council President president@coronanorcocouncilpta.com
3. California State PTA insurance@capta.org
4. California State PTA AIM Broker # 1-800-876-4044



ASSOCIATION
INSURANCE
MANAGEMENT INC

Claim/Incident Report Form

Date: _____

Producer/Mailing Address:

AIM Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374

1-800-876-4044 * FAX 214-360-0802

PTAClaims@aim-companies.com

Insured Information:

Name of Organization: _____		
Insured ID: _____	Policy Number: _____	
Address: _____	Council: _____	
City: _____	State: _____	Zip: _____

Person Reporting Claim:

Name: _____	Position: _____
Phone Number: _____	Email Address: _____

Type of Loss:

<input type="checkbox"/> Theft of money Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Theft or Damage of property Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Injury
<input type="checkbox"/> Other: _____

Witness Contact Information:

Witness Name: _____	Phone: _____
Email: _____	
Witness Name: _____	Phone: _____
Email: _____	

Occurrence:

Date: _____ Location: _____

Description of Occurrence: _____

Injured Party Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Description of Injury: _____

Cause of Accident: _____

If you have any photos or videos of the event, please provide them.

Additional Information:

Additional Questions

Should you have additional questions that we haven't answered in this Insurance Guide, please feel free to contact us through one of the ways listed below:



Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374-2946

800-876-4044 or 214-360-0801

Fax: 214-360-0802

Email: capta@aim-companies.com

Website: www.aim-companies.com

This Insurance Guide is only a summary of policy coverage and in no way takes precedent over actual policy language. Your insurance policy, and not the information contained in this document, forms the contract between you and your insurance company. If there is a discrepancy or conflict between the information contained herein and your policy, your policy takes precedence. Certain coverages are not available in all states due to state insurance regulations. Certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Comingling of Funds - Can PTA Hold or Deposit Money for the School?

Can a PTA act as a passthrough for a school-wide fundraiser using the PTA bank account or PTA collection system already set up?

Answer: NO

This specific option is not legally viable. To clarify, as a 501(c)3 nonprofit public charity, the PTA may not legally act as a passthrough for any organization, group, or utility. The PTA may only take possession of and account for those funds over which it has control. Attempting to use the PTA in this fashion is illegal, and is legally similar to money laundering. In the same fashion, PTA funds MUST be deposited in the PTA account only.

The PTA is a separate non-profit public charity that exists to benefit the students of the school; it is not owned by or overseen by the school, but operates in parallel with the school to collaborate on what will best benefit the students

A PTA fundraiser must be approved by the PTA association. PTA fundraisers raise money for PTA association approved programs. Any money raised from the PTA fundraiser is PTA money and the PTA association has complete control over where the money goes.



End Of Year Checklist For A Healthy PTA

Membership Enrollment

- Was an initial membership campaign held toward the beginning of the school year?
- Did you have at least 15 members by October 31st?
- Are continuing opportunities provided for parents and staff to join? (Membership is year-round.)
- Did you send the membership per capita to Corona-Norco Council of PTAs so it can be forwarded through the channels at least monthly and by deadlines?

Questions- membership@coronanorcocouncilpta.com

Minutes

- Did you record attendance for all meetings?
- Do you have minutes for all of your meetings?
- Are all action items recorded, including approval of budget, all expenses and all fundraising activities?

Questions- secretary@coronanorcocouncilpta.com

Bylaws

- Did you review your bylaws and update if needed? Were they sent to Corona-Norco Council to be forwarded through channels for approval?

Questions- parliamentarian@coronanorcocouncilpta.com

Financial Procedures

- Are your units financial procedures in accordance with recommended PTA policies and procedures?
- Was your budget approved and actual revenues and expenditures compared at least quarterly?
- Are all checks signed by two authorized officers? Are all expenditures properly authorized?
- Did you remit your unit insurance premium and the workers' comp form by the deadline?
- Were your taxes completed?

Questions- treasurer@coronanorcocouncilpta.com

Treasurer's Reports

- Are your written reports presented/filed monthly? Are balances, receipts and disbursements recorded in the minutes each month?
- Is each check approved/ratified and listed?
- Are your reports presented at both Executive Board and Association Meetings?

Questions- treasurer@coronanorcocouncilpta.com

Financial Review

- Are your Financial Reviews prepared and adopted in accordance with the bylaws and PTA financial procedures?
- Did you conduct a Financial Review at least twice a year? And whenever there is a change in check signers?

Questions- financial_reviewer@coronanorcocouncilpta.com

Annual Reports

- Did you record your volunteer hours (Historian Annual report) and remit to Corona-Norco Council of PTAs in March?

Leadership

- Did your members of the executive board work well together?
- Does your PTA/PTSA attract and retain new leadership?
- Are new, qualified candidates nominated for office each year?
- Did your unit host an election?
- Did the president attend council monthly meetings and your executive board attend CNCPTA Association meetings?
- Has every officer been trained by either Corona-Norco Council of PTAs or 23rd District PTA?
- Was there effective communication between members?

Questions- leadership@coronanorcocouncilpta.com

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee _____

PTA Position _____

Address _____

City/Zip _____

Telephone (_____) _____ Email _____

Expenditure was for: _____

List Expenditures: _____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL EXPENSE		\$ _____

Total Amount Claimed From Above \$ _____

Minus Advance Received \$ _____

Reimbursement Claimed \$ _____

Not claimed – donate to PTA \$ _____

Refund to PTA (Enclose Check) \$ _____

Signature _____ Date _____

Signature of VP/Chairman for Program/Event _____

FOR PTA TREASURER USE:

- Membership-approved activity
- Funds released by membership
- Executive Board-approved expenditure

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____

CASH VERIFICATION FORM

(Membership, Fundraisers, Donations)

UNIT NAME _____	
ACTIVITY	DATE

COINS

_____ x 1¢ = _____

_____ x 5¢ = _____

_____ x 10¢ = _____

_____ x 25¢ = _____

_____ x 50¢ = _____

_____ x \$1 = _____

TOTAL \$ _____

CHECKS *Attach adding machine tape of itemized checks.*

# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____

CURRENCY

_____ x \$ 1 = _____

_____ x \$ 5 = _____

_____ x \$ 10 = _____

_____ x \$ 20 = _____

_____ x \$ 50 = _____

_____ x \$100 = _____

TOTAL \$ _____

Cash Total: _____

Check Total: _____

Cash Total: _____
Check Total: _____
Grand Total: _____

Membership Dues

_____ members @ \$ _____ (dues) = \$ _____ + donations = \$ _____ **Grand Total \$** _____

FOR OFFICIAL USE ONLY	
Signature _____	Amount Received: \$ _____
Signature _____	Signature _____
Signature _____	Date _____



PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

- 1. _____
Participant Name Age, if minor child
- 2. _____
Participant Name Age, if minor child
- 3. _____
Participant Name Age, if minor child
- 4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever 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 and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

- 1. _____
Parent/Guardian Signature Print Name Date
- 2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)

ADULT PARTICIPANT / VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

_____ and _____

(hereinafter “the PTA Unit”)

(hereinafter “the participant/volunteer”)

PARTICIPANT WAIVER: I voluntarily agree to participate in PTA Unit sponsored events and activities held during the school year. I recognize that the PTA Unit has not undertaken any duty or responsibility for my safety and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the PTA Unit sponsored events and activities. I recognize that these risks will vary based on the event and activity, and understand it is my responsibility to be aware of the risks before participating. I attest and verify that I am mentally and physically fit and able to participate in PTA Unit sponsored events and activities. By my signature below, I hereby state that I understand there are risks involved in participating in PTA Unit sponsored events and activities and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members and volunteers for injury sustained and liability incurred during my participation in PTA Unit sponsored events and activities.

VOLUNTEER WAIVER

This section sets forth the responsibilities and understandings of the volunteer and of the PTA Unit regarding volunteer’s participation in volunteer programs partially or wholly coordinated by the PTA Unit during the school year.

The volunteer and the PTA Unit agree as follows:

1. The volunteer performs the service of the volunteer’s own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of the PTA Unit for any purpose and the volunteer’s services are not controlled nor mandated by the PTA Unit.
2. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer’s negligent or intentional acts, or the negligent or intentional acts of others; that while the PTA Unit has taken some steps to reduce the chances of injuries or harm to the volunteer, that the PTA Unit has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer’s property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
3. The volunteer agrees to waive and release the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members, and volunteers from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the PTA Unit that might arise out of the volunteer’s service and to hold the PTA Unit harmless there from.
4. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer’s negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
5. If any injury or loss to another does occur due to the volunteer’s intentional actions or due to volunteer’s negligent actions arising outside of the scope of the volunteer’s activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
6. In projects where the volunteer will be transporting others in a non-PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.
7. Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers’ compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

I understand that the materials and tools provided by the PTA Unit are and remain the property of the PTA Unit, and I agree to return these tools and any remaining materials to the PTA Unit at the end of my volunteer service.

By signing below, I confirm that I have carefully read this document and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Signature

Date

Printed Name



everychild.onevoice.

2327 L Street, Sacramento, CA 95816-5014
www.capta.org

(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org •

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

_____ and _____
(hereinafter "the PTA Unit") (hereinafter "the volunteer")

This document sets forth the responsibilities and understandings of the volunteer and of the PTA Unit regarding volunteer's participation in volunteer programs partially or wholly coordinated by the PTA Unit. The volunteer and the PTA Unit agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of the PTA Unit for any purpose and the volunteer's services are not controlled nor mandated by the PTA Unit.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while the PTA Unit has taken some steps to reduce the chances of injuries or harm to the volunteer, that the PTA Unit has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release the California PTA, including all unit, council and district PTAs and all of their officers, directors, members, and volunteers from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the PTA Unit that might arise out of the volunteer's service and to hold the PTA Unit harmless there from.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. In projects where the volunteer will be transporting others in a non-PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.
8. Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers' compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

I understand that the materials and tools provided by the PTA Unit are and remain the property of the PTA Unit, and I agree to return these tools and any remaining materials to the PTA Unit at the end of my volunteer service. By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Volunteer Signature

Printed Name

Date

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to me and are understood by the minor.

Parent or Guardian Signature

Date



CONSENTIMIENTO DEL PADRE, EXENCIÓN DE RESPONSABILIDAD DEL ESTUDIANTE, FAMILIA, Y PARTICIPANTE

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Escriba el nombre de todos los miembros de la familia que puedan participar en cualquier evento patrocinado por la PTA para el año escolar [insertar período] (incluyendo los estudiantes, los hermanos y los padres):

1. _____
Nombre del Participante Edad, si el niño es u menor

2. _____
Nombre del Participante Edad, si el niño es u menor

3. _____
Nombre del Participante Edad, si el niño es u menor

4. _____
Nombre del Participante Edad, si el niño es u menor

El (los) padre (s) o tutor (es) suscrito (s) asume todos los riesgos relacionados con la participación de todas las personas mencionadas anteriormente en cualquiera y todas las actividades patrocinadas por la PTA.

Certifico y verifico que todas las personas mencionadas anteriormente son físicamente aptas y pueden participar en cualquier actividad patrocinada por la PTA. Además, estoy consciente de que es mi responsabilidad entender los riesgos inherentes asociados con las actividades patrocinadas por la PTA y comunicar esos riesgos a todas las personas mencionadas anteriormente.

Por la presente certifico que, según lo que yo sé y mi conocimiento, todas las personas mencionadas anteriormente gozan de buena salud. En el caso de que no se pueda contactar a mí, u otro padre/tutor, en una emergencia, por este medio doy permiso para asegurar el tratamiento adecuado para mí(s) hijo(s). Por el presente documento, doy mi consentimiento para cualquier radiografía, examen, anestesia, diagnóstico médico, quirúrgico o dental, o tratamiento y atención hospitalaria que se consideren necesarios según el mejor criterio del médico, cirujano o dentista, y se realicen por o bajo la supervisión del personal médico del hospital o centro que presta servicios médicos o dentales. Además, se entiende que el abajo firmante asumirá la plena responsabilidad de cualquier acción que se tome, incluyendo pagar por los costos.

Por la presente, / nosotros notificamos que el (los) menor (es) mencionado (s) arriba tiene las siguientes alergias, reacciones a medicamentos o condiciones físicas inusuales, las cuales deben de informar al médico que va a brindar la atención: (Si no hay ninguna, escriba la palabra "ninguna". Si es así, poner el primer nombre del niño y la alergia / condición.):

Yo/nosotros, como padre (s) o tutor (es) del (de los) menor (es), hacemos por este medio, para mi/s hijo/hijos, yo, mis herederos, ejecutores y administradores, renunciamos y para siempre eximimos de culpa o responsabilidad a la PTA del Estado de California, la PTA local y todos los funcionarios, directores, empleados, agentes y voluntarios de las organizaciones, actuando oficialmente o de otra manera, a todos los reclamos, demandas, acciones o causas de acción que de alguna manera que surjan a causa de la participación de cualquiera de las personas mencionadas anteriormente en cualquier actividad patrocinada por la PTA.

Al firmar a continuación, confirmo que he leído cuidadosamente y entiendo completamente su contenido. Sé de qué se trata de una exención de responsabilidad y lo firmé por mi propia voluntad.

1. _____
Firma del Padre/Guardián Escribir Nombre Fecha

2. _____
Firma del Padre/Guardián Escribir Nombre Fecha

Domicilio Ciudad Estado Código Postal Número de Teléfono (incluir el Área)

ACUERDO DE EXENCIÓN DE RESPONSABILIDAD E INDEMNIZACIÓN DEL ADULTO
PARTICIPANTE/VOLUNTARIO

Entre

(de aquí en adelante “la Unidad de la PTA”)

Y

(de aquí en adelante “el participante/voluntario”)

EXENCIÓN DEL PARTICIPANTE: Acepto voluntariamente participar en los eventos y actividades patrocinados por la Unidad de la PTA que se llevan a cabo durante el año escolar. Reconozco que la Unidad de la PTA no ha asumido ninguna obligación ni responsabilidad por mi seguridad y estoy de acuerdo en asumir toda la responsabilidad de todo riesgo de lesiones físicas, muerte, discapacidad y daños materiales como resultado de participar en los eventos y actividades patrocinadas por la Unidad de la PTA. Reconozco que estos riesgos variarán según el evento y la actividad, y entiendo que es mi responsabilidad conocer los riesgos antes de participar. Certifico y verifico que estoy físicamente y mentalmente apto y que puedo participar en los eventos y actividades patrocinados por la Unidad de PTA. Con mi firma a continuación, declaro que entiendo que existen riesgos al participar en los eventos y actividades patrocinados por la Unidad de la PTA y acepto estos riesgos gustosamente y voluntariamente. Con mi firma, por la presente renuncio a cualquier derecho de solicitar compensación de la PTA de California, incluyendo todas las PTAs de unidad, consejo y distrito, y todos sus funcionarios, directores, miembros y voluntarios por lesiones sufridas e incurridas durante mi participación en eventos y actividades patrocinadas por la PTA.

EXENCIÓN DEL VOLUNTARIO

Esta sección detalla las responsabilidades y entendimiento del voluntario y de la Unidad de la PTA con respecto a la participación de los voluntarios en los programas de voluntarios parcial o totalmente coordinados por la Unidad de la PTA durante el año escolar.

El voluntario y la Unidad de PTA acuerdan lo siguiente:

El voluntario presta el servicio por su propia cuenta, sin promesa, expectativa o recibo de remuneración. El voluntario no es un empleado o agente de la Unidad de la PTA para ningún propósito y los servicios de los voluntarios no están controlados ni obligados por la Unidad de PTA.

1. El voluntario entiende y acepta que es posible que el voluntario pueda ser lesionado o incurrir daños durante el servicio voluntario debido a accidentes, actos de la naturaleza, actos negligentes o intencionales del voluntario, o los actos negligentes o intencionales de otros; y que aunque la Unidad de la PTA ha tomado algunas medidas para reducir las posibilidades de lesiones o daños del voluntario, que la Unidad de la PTA no tiene control sobre la mayoría de los riesgos y, por lo tanto, no puede garantizar ni asumir ninguna responsabilidad por la seguridad de la voluntario o pertenencias del voluntario mientras el voluntario se dedica al servicio voluntario; y que el voluntario debe asumir toda la responsabilidad por sí mismo y asumir el riesgo de lesiones o daños mientras presta sus servicios tomando todas las precauciones necesarias y razonables y actuando de manera que ayude a protegerse a sí mismo y a su pertenencias.
2. El voluntario entiende y acepta que es posible que el voluntario pueda ser lesionado o perjudicado durante el servicio voluntario debido a accidentes, actos de la naturaleza, los actos negligentes o intencionales del voluntario, o los actos negligentes o intencionales de otros; que mientras la Unidad de PTA ha tomado algunas medidas para reducir las posibilidades de lesiones o daños al voluntario, que la Unidad de PTA no tiene control sobre la mayoría de los riesgos y, por lo tanto, no puede garantizar ni asumir ninguna responsabilidad por la seguridad de la voluntario o la propiedad del voluntario mientras el voluntario se dedica al servicio voluntario; y que el voluntario debe asumir toda la responsabilidad por sí mismo y asumir el riesgo de daño o daño mientras presta sus servicios tomando todas las precauciones necesarias y razonables y actuando de manera que ayude a protegerse a sí mismo y a sus pertenencias.
3. El voluntario se compromete a renunciar y liberar a la PTA del Estado de California, incluyendo todas las PTAs de unidad, consejo y distrito, y a todos sus funcionarios, directores, miembros y voluntarios de todos los potenciales reclamos de lesiones, enfermedades, daños o muerte que el voluntario pueda tener en contra de la Unidad de la PTA que pueda surgir del servicio del voluntario y mantener libre de responsabilidad a la Unidad de la PTA.
4. El voluntario está de acuerdo y entiende que las lesiones o daños a otros, como compañeros de trabajo o personas que reciben ayuda, pueden ocurrir como resultado de actos negligentes o intencionales del voluntario durante el servicio voluntario, y que para evitar tales daños, el voluntario debe tener cuidado y actuar responsablemente al servir a otros.
5. Si alguna lesión o daño a otra persona ocurre debido a las acciones intencionadas o negligentes del voluntario que surjan fuera de las actividades del voluntario, el voluntario debe aceptar la responsabilidad y compensar, o reparar el daño hecho.
6. En los proyectos en los que el voluntario transportará a otras personas en un vehículo que no pertenece a la Unidad de la PTA, se requerirá que el voluntario proporcione un comprobante de seguro de automóvil para poder participar.
7. Dado que los voluntarios no son empleados de la Unidad de la PTA, la PTA de Unidad ofrece cobertura de compensación se trabajadores por lesiones o enfermedades que el voluntario sufra a causa de actividades de voluntariado.

Entiendo que los materiales y herramientas proporcionados por la Unidad de la PTA son y siguen siendo propiedad de la Unidad de la PTA, y estoy de acuerdo en devolver estas herramientas y cualquier material que quede a la Unidad de PTA al final de mi servicio voluntario. Al firmar a continuación, confirmo que he leído cuidadosamente este documento y entiendo completamente su contenido. Soy consciente de que se trata de una exención de responsabilidad y lo firmé por mi propia voluntad.

Firma

Fecha

Nombre Escrito

ACUERDO DE EXENCIÓN DE RESPONSABILIDAD E INDEMNIZACIÓN DEL VOLUNTARIO

Entre

Y

(de aquí en adelante “la Unidad de la PTA”)

(de aquí en adelante “el participante/voluntario”)

Este documento detalla las responsabilidades y entendimiento del voluntario y de la Unidad de la PTA con respecto a la participación de los voluntarios en los programas de voluntarios parcial o totalmente coordinados por la Unidad de la PTA. El voluntario y la Unidad de la PTA están de acuerdo con lo siguiente:

1. El voluntario realiza el servicio del propio libre albedrío del voluntario, sin promesa, expectativa ni recibo de remuneración. El voluntario no es un empleado o agente de la Unidad de PTA para ningún propósito y los servicios de los voluntarios no están controlados ni obligados por la Unidad de PTA.
2. Si el voluntario es menor de 18 años, el voluntario solo puede participar en el servicio voluntario con el consentimiento expreso por escrito del padre o tutor del voluntario.
3. El voluntario entiende y acepta que es posible que el voluntario pueda ser lesionado o perjudicado durante el servicio voluntario debido a accidentes, actos de la naturaleza, los actos negligentes o intencionales del voluntario, o los actos negligentes o intencionales de otros; que mientras la Unidad de PTA ha tomado algunas medidas para reducir las posibilidades de lesiones o daños al voluntario, que la Unidad de PTA no tiene control sobre la mayoría de los riesgos y, por lo tanto, no puede garantizar ni asume ninguna responsabilidad por la seguridad de la voluntario o la propiedad del voluntario mientras el voluntario se dedica al servicio voluntario; y que el voluntario debe asumir toda la responsabilidad por sí mismo y asumir el riesgo de daño o daño mientras presta sus servicios tomando todas las precauciones necesarias y razonables y actuando de manera que ayude a protegerse a sí mismo y a sus pertenencias.
4. El voluntario se compromete a renunciar y liberar a la PTA de California, incluidas todas las PTA de unidad, consejo y distrito, y todos sus oficiales, directores, miembros y voluntarios de todas las reclamaciones potenciales por lesiones, enfermedades, daños o muerte que el voluntario puede tener en contra de la Unidad de la PTA que pueda surgir del servicio del voluntario y mantener la Unidad de la PTA inofensiva desde allí.
5. El voluntario está de acuerdo y entiende que las lesiones o daños a otros, como compañeros de trabajo o personas que reciben ayuda, pueden ocurrir como resultado de actos negligentes o intencionales del voluntario durante el servicio voluntario, y que para evitar tales daños, el voluntario debe tener cuidado y actuar responsablemente al servir a otros.
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Firma del Voluntario

Nombre Escrito

Date

Si el voluntario es menor de 18 años de edad, el padre o tutor debe leer y firmar lo siguiente:

:

Esta exención, su importancia y la declaración de riesgos me han sido explicados y el niño menor de edad entiende lo aquí declarado.

Firma del Padre o Guardián

Fecha

Professional Governance Certificate

The California State PTA has adopted the professional governance standards. Every PTA is encouraged to adopt professional governance standards at the beginning of each term.

The California State PTA will issue a certificate to each PTA that adopts the professional governance standards.

Mission Statement of the California State PTA

The mission of the California State PTA is to positively impact the lives of all children and families by representing our members and empowering and supporting them with skills in advocacy, leadership, and communications.

California State PTA Board of Managers, July 2007

Purposes of PTA

To promote the welfare of children and youth in home, school, community, and place of worship.

To raise the standards of home life.

To secure adequate laws for the care and protection of children and youth.

To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of children and youth.

To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

California State
PTA[®]

everychild. one voice.

Professional Governance Standards

The California State PTA would like to recognize your PTA for its work. Please notify the California State PTA that your PTA has adopted the Professional Governance Standards. A certificate will be mailed to the PTA president and a letter of acknowledgement will be sent to your administrator.

Name of PTA _____ ID# _____

Name of Principal _____ Number of PTA Executive Board Members _____

Name of PTA President _____

Mailing Address _____

Email Address _____

Date Adopted _____ Council _____ District _____

PTA President Signature _____

PTA President Print Name _____

Mail to: California State PTA, 2327 L Street, Sacramento, CA 95816-5014
916.440.1985 • FAX 916.440.1986 • www.capta.org • info@capta.org

Professional Governance Standards

The bylaws and standing rules for each PTA provide a framework for the organization. In order to operate effectively using this framework, PTA executive boards and individual board members will benefit from adherence to professional standards of governance.

Professional governance standards specify principles involved in governing responsibly and effectively and were developed to support PTA boards in their efforts to enhance their membership's and the community's understanding about the responsibilities of the PTA board.

The PTA Executive Board

The members of the PTA executive board work together as a governance team which assumes collective responsibility for building unity and creating a positive climate during term of office. To operate effectively, the executive board:

- Develops a unity of purpose by involving parents/guardians, students, staff and community
- Communicates a common vision
- Operates with trust and integrity
- Remains responsive to input from the school community
- Governs in a professional manner, treating everyone with civility and respect
- Fulfills requirements set within bylaws and standing rules

The Individual Board Member

A PTA board member is a person elected or appointed to serve on a PTA executive board. Individual board members bring unique skills, values and beliefs to the PTA board and in order to function effectively, individual board members must work together for the association. To be effective, an individual board member:

- Recognizes and respects differences of perspective and style among the individual board members
- Acts with dignity and understands the implications of demeanor and behavior
- Honors the confidentiality of board discussions
- Is open to new ideas and suggestions
- Is familiar with the bylaws in respect to the individual position as well as the organization as a whole
- Understands that authority rests with the board as a whole and not with individuals
- Understands that the basis for all authority rests with the membership

- Takes collective responsibility for the board's performance
- Proposes for adoption by the membership a fiscally responsible budget based on the organization's vision and goals
- Monitors the fiscal health of the association regularly
- Ensures that safe and appropriate activities are provided to implement the goals
- Provides community leadership on issues that affect children and youth

- Participates in opportunities for training
- Commits the time and energy necessary to be an informed and effective leader
- Assists those with less experience
- Understands the distinctions between PTA and the school staff and refrains from performing functions that are the responsibility of the school district
- Values, supports and advocates for public education
- Represents the PTA only when authorized to do so

"With strong leadership, PTA will have the competent, committed people necessary to be effective advocates for children and youth."

California State PTA Toolkit

- Works collaboratively with other groups and agencies that share the same concerns on issues that affect children and youth
- Encourages individual board members to attend available training opportunities
- Serves as a communication link between the home, school and community
- Evaluates the activities and direction of the board on a regular basis