



Volunteer Paperwork

Thank you for offering to volunteer as a Mentor at Clairemont High School! We really appreciate your support!

In order to complete your volunteer application process, we need the following items:

1. School Volunteer Application (completed)
2. Volunteer Code of Conduct (signed)
3. Live Scan (fingerprinting)
 - a. Request to Conduct Volunteer Screening (signed by principal **before** getting fingerprinted)
 - b. Request for Live Scan Service (take Request to Conduct Volunteer Screening form and this form to get fingerprinted)
4. TB Risk Assessment Questionnaire (signed by a Medical Professional or our CHS School Nurse Sasha Lopez-Nusser at alopez-nusser@sandi.net) or a Copy of a Negative TB Test current within last 3 years)
 - a. You keep the original (valid for 4 years)
 - b. Submit a copy
5. Mentor Contract (signed)
6. Copy of Current Drivers' License
7. Copy of Car Insurance

Please return completed packets to Rebecca Aubery, Mentor Program Coordinator or Heidi Fulton, Volunteer Coordinator in the Clairemont High School Office. You may contact Heidi at hfulton@sandi.net if you have any questions.

SCHOOL YEAR: _____

**SAN DIEGO UNIFIED SCHOOL DISTRICT
SCHOOL VOLUNTEER APPLICATION**

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____

(FIRST)

(MIDDLE)

(LAST)

ADDRESS _____ DATE OF BIRTH _____

(STREET)

(CITY)

(ZIP)

MO/DAY/YR

Gov Issued ID Type _____

HOME PHONE _____ E-MAIL _____ ID# _____

NOTIFY IN CASE OF EMERGENCY _____

(NAME)

(PHONE)

CURRENT EMPLOYMENT _____

(EMPLOYER'S NAME)

(ADDRESS)

(PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____

(NAME)

(ADDRESS)

(PHONE)

Please check whether you are a new or returning SDUSD volunteer, New Returning

Are you also a volunteer at another SDUSD school? YES NO

If yes, please indicate the school(s): _____

Do you have any criminal charges pending against you? YES NO

Have you ever been convicted* of a felony or misdemeanor? YES NO

Have you ever been convicted* of a sex, drug or weapon related offense? YES NO

Are you required to register as a sex offender under Penal Code 290,95? YES NO

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: _____

I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask. YES NO

Parent Volunteers: Please check whether you plan to drive for a field trip during the school year, YES NO

Please list the name(s) of your child(ren): _____

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: _____ Date: _____

TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): _____

Volunteer category (check appropriate box and indicate date cleared):

Category B ◆ Megan's Law database check - cleared _____

Category C ◆ SDUSD School Police background check - cleared _____

Category D ◆ Fingerprinting - cleared _____

Type of volunteer (check if appropriate):

Parent OASIS Volunteer
 Community Rolling Reader/EAR CalWORKS
 Partner College Student Other _____

Volunteer service ended (date): _____

Reason for leaving:

Child no longer at school

Moved Illness

Employment Requested to Leave

Other: _____

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS



VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure# 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers. I also agree to submit proof of COVID-19 vaccination or a negative COVID-19 test weekly.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
13. I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

Print Name

Signature

Date

Phone Number



San Diego Unified School District REQUEST TO CONDUCT VOLUNTEER SCREENING

(Please check the appropriate request)

This form **MUST** be signed by School Principal.

- CATEGORY C – CRIMINAL BACKGROUND CHECK
- RETURNING CATEGORY D VOLUNTEER - CRIMINAL BACKGROUND CHECK
- CATEGORY D VOLUNTEER - FINGERPRINT

Date: _____ Requesting School: _____ Loc Number: _____

Volunteer Name: _____
First Name Full Middle Name Last Name

List any other names used in the past: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone: _____
Month Day Year

Driver's license #: _____ State issued: _____

Other Gov. Issued ID type (if no driver's license): _____ ID # _____

(Please note: By recommendation from the Department of Justice, Mexico identification and voter registration cards may not be used to conduct background checks or fingerprinting. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.)

Please indicate whether you are a **new** or **returning** volunteer: New Returning

Are you a volunteer at another SDUSD school? YES NO

If yes, please list the school(s): _____

Parents: please list the name(s) of your student(s): _____

Please check volunteer activity: On-site tutor outside of classroom (Cat C) Overnight field trip chaperone (Cat D)
 Walk-on coach/Athletic Support (Cat D) Other _____

Are you being **compensated** for your services? YES NO

Principal acknowledges hiring of individual above at their site.

Principal's Signature: _____ Date: 9-14-2023

For SDUSD School Police Services office use only:

Ok to volunteer Deny as volunteer

By: _____ Date: _____
SDUSD School Police Services

School volunteer coordinators: Please check that form is complete. Incomplete forms will be returned to the school.

CATEGORY C VOLUNTEER BACKGROUND REQUEST:

Send completed form to: jobs@sandi.net

CATEGORY D VOLUNTEER FINGERPRINT REQUEST:

Email jobs@sandi.net for information related to category D volunteers. The District does not provide Live Scan/ Fingerprinting services for Volunteers at this time. Please email jobs@sandi.net for information on Live Scan/ Fingerprinting locations and fees for Volunteers.

Results will normally be returned to the school site volunteer coordinator within 2 weeks of the date of fingerprinting. Please Note: poor quality fingerprints or the need to research information on an applicant's background may result in a delay of results from the Department of Justice.



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Print Form

Reset Form

Applicant Submission

ORI: CA0372100 Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: Volunteer

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Diego Unified School District
Agency Authorized to Receive Criminal Record Information

03257
Mail Code (five-digit code assigned by DOJ)

4100 Normal Street
Street Address or P.O. Box

Human Resources/ LiveScan
Contact Name (mandatory for all school submissions)

San Diego CA 92103
City State ZIP Code

(619) 725-8089
Contact Telephone Number

Applicant Information:

Last Name _____

First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____

First _____ Suffix _____

Date of Birth _____ Sex Male Female

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____

Misc. Number _____
(Other Identification Number)

Home Address Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Your Number: N/A
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

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

Original ATI Number _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____ Amount Collected/Billed _____



California School Employee Tuberculosis (TB)

Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.[^]
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Employee Name: _____ Employee ID: _____

Assessment Date: _____ Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

Yes

- If there is a **documented** history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

- No** (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

- One or more sign(s) or symptom(s) of TB disease**
- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
- Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
 - Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.
- Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

[^]The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. The Certificate of Completion (below) should be completed after screening is completed.

Certificate of Completion

To satisfy job-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Health Care Provider completing assessment or examination signature: _____

Please print, place label or stamp with Health Care Provider name and address (include number, street, city, state and zip code):