

CULVER CITY UNIFIED SCHOOL DISTRICT

PROSPECTIVE VOLUNTEER PACKET Procedures



*“Somewhere on this planet, someone has a solution to each of the world’s problems.
It might be one of us. With your help, we can build a more hopeful world.”
-Marianne Larned-*

Thank you for your interest in volunteering at Culver City Unified School District. Your unique talents and abilities are extremely valuable to us and we look forward to a rewarding and successful association. Culver City Unified School District is proud of the professional services we provide to our students, faculty and community members. We believe that our volunteers are a valuable asset and that each of you directly contributes to our continued success.

In order to sustain a safe sanctuary for our students, Culver City Unified School District requires that all prospective volunteers complete a Prospective Volunteer Profile and Authorization, a Hold Harmless Agreement, A Statement of Volunteer Confidentiality and Child Abuse Reporting. In addition and pursuant to District policy, California Education Code and Assembly Bill 346, all individuals interested in volunteering must submit a clearance of TB as well as a criminal background check (fingerprinting) through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) depending on the level of volunteer service.

Let’s get started:

1. Complete the prospective volunteer packet, **include your certificate of clearance or TB Risk Assessment Questionnaire** and return it to the site secretary at the site you are interested in volunteering. The Risk Assessment Questionnaire is attached to this packet. Volunteer applications can be downloaded on line at www.ccusd.org (under the school site).
2. The site secretary will give you a Livescan Request Form upon payment of the appropriate fee (**checks and money orders payable to CCUSD**) along with a receipt. DOJ Fee is \$32.00 and DOJ and FBI is \$47.00.
3. Proceed to the Culver City Police Department at 4040 Duquesne Avenue, Culver City, CA 90232. Appointments are not necessary. Operating schedule is Monday – Friday from 7:00a.m. – 12:00p.m. and 1:00p.m. – 3:00p.m. and 4:00p.m. – 7:00p.m. Hours are subject to change. The phone number is (310) 253-6110. CCPD will keep a copy of your Livescan, you will return the 2nd copy to your site secretary, and keep the 3rd copy for your records.
4. Your volunteer site secretary will notify you of your clearance. Welcome Aboard!

CULVER CITY UNIFIED SCHOOL DISTRICT
Prospective Volunteer Profile and Authorization

Section I: Personal Data

Name (First): _____ (Last): _____ (M.I.) _____

Address: _____ Apt.# _____
Street City ZIP

Phone: (Home) _____ (Work) _____ Cell _____

Emergency Contact Name: _____ Relationship _____ Phone _____

Parent/Guardian (check here) Student's Name _____ Student's Name _____

Are you currently, or have you ever been an employee or substitute of the Culver City Unified School District?

Yes No If so, please provide the dates: _____

Applicant's Signature: _____ Date: _____

Section II – Volunteer Interest & Availability/Site Location

El Marino Language School El Rincon Elementary Farragut Elementary Culver City High School
La Ballona Elementary Linwood E. Howe Elementary Culver City Middle School Culver Park High School
CCUSD I Academy Culver City Adult School Office of Child Development Youth Health Center
Family Center Special Events Helper (ex. Young Storytellers, FAAST) _____

Area of Interest Part 1: (Non-teaching volunteer aides, parents who volunteer in a classroom or on a field trip, community volunteers providing non-instructional services are required to be fingerprinted through the Department of Justice - **\$32.00 fee**)

Class Helper Tutoring Chaperone Field Trips Clerical Story Telling Library Other _____

Are there any specific time periods you would prefer to volunteer (seasons, days, time, etc)? _____

Area of Interest Part 2: (Individuals who are working alone with students in school-sponsored activities ex: coaches, Spanish club leader, Chess Club leader, Band leader, cheerleading are required to be fingerprinted through both the Depart of Justice and the FBI - **\$47.00 fee**)

Coach (head coach, assistant coach, auxiliary coach, etc) _____ (please list)
Club Leader (Spanish, chess club, band, cheerleading, etc) _____ (please list)
Volunteer Driver (Middle School & High School only) – must complete District Use of Private Vehicle Request Form
Other (please list) _____ (please list)

Are there any specific time periods you would refer to volunteer (season, days, time, etc)? _____

Please return completed forms to your school's site secretary

To be completed by School Site Secretary/Administrator upon receipt.

I have attached a copy of this volunteer's TB Clearance to this application.
I have collected the required fee of \$32.00 (DOJ) or \$47.00 (DOJ & FBI) and entered it on the Volunteer Fee Log.
I have given the prospective volunteer the "Request For Livescan" form.

Secretary's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Fingerprint Clearance Date: _____ TB/CXR Clearance Exp: _____ Orientation Date _____ Notes: _____

CCUSD VOLUNTEER DISCLOSURE

The following persons may be disqualified from volunteering in Culver City Unified School District:

- 1. Anyone who makes a false statement on the volunteer paperwork or fails to disclose criminal convictions.
- 2. Anyone convicted of a felony committed within the previous seven years.
- 3. Anyone convicted of any crime against children or other persons.
- 4. Anyone convicted of committing or attempting to omit any crime of violence or crime of a sexual nature against a minor not listed above, regardless of whether the crime of conviction was a misdemeanor, gross misdemeanor, or felony, and regardless of when the crime was committed.

Please answer the following questions completely and sign the declaration.

- 1. Have you ever (at any time) been convicted of any crime including DUI or negligent driving? Yes No

If "Yes" please identify the offense(s), provide the date(s) of the convictions(s), the name of the court and the sentence imposed:

- 2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Department of Social and Health Services or the Department of Health that you have not challenged or appealed?
Yes No

If "Yes" please identify the specific findings(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty imposed: _____

- 3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges? Yes No

If "Yes" please provide pertinent details to enable Culver City Unified School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status:

I hereby authorize and consent to Culver City Unified School District, its agents, officers and employees, to inquire into and undertake whatever background check of me that culver City Unified School District, in its sole discretion, deems appropriate to determine as a volunteer.

I understand the inquiry may include database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that Culver City Unified School district, as a public entity, is subject to the State Public Disclosure Act.

I release and hold harmless Culver City Unified School District; its agents, officers and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me.

I agree that if Culver City Unified School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the district decides, with or without cause not to retain me as a volunteer for whatever reason, culver City Unified School District may, without notice or other process, reject my application to serve as a volunteer.

Applicant's Signature: _____ Date: _____



Culver City Unified School District

Administration Building 4034 Irving Place Culver City, CA 90232-2810
(310) 842-4220

Statement of Volunteer Confidentiality and Child Abuse Reporting

Before you begin your assignment as a volunteer, you must be aware of the laws and penalties of breaching confidentiality and reporting child abuse.

Confidentiality is the preservation of privileged information and records concerning a student, which may be disclosed in a working relationship. Part of what you learn may be necessary to provide services to a student; other information is shared within the development of a helping, trusting relationship. Therefore, information gained about a student is confidential and disclosure can make you legally liable. Disclosing confidential information can damage your relationship with the student, and make it difficult to help the student.

The following information should be treated as confidential:

- Student record information including academic work such as daily assignments, tests and grades for that work;
- Discipline information such as referrals, investigative materials and information one might pick up in and around the office;
- Any student information gained by working with students that could be considered student record or discipline information.

All records and information regarding students must be treated as confidential. Any questions you may receive both in and out of the school setting about students should be redirected to the specific teacher or school site. Refrain from sharing stories about students with whom you come in contact.

Violation of the California Statutes regarding confidentiality of records is punishable upon conviction by a fine, by imprisonment or in the county jail.

REPORTING CHILD ABUSE

As defined in California law, child abuse includes the following four categories:

Physical

Emotional

Neglect

Sexual

California law designates school employees and certain other professionals as mandatory reporters. Volunteers whose duties require direct contact with and supervision of children are not mandated reporters; however, the law encourages such volunteers to obtain training in the identification and reporting of child abuse and neglect and to report known or suspected incidences of child abuse or neglect. When there is reasonable cause to believe a student is being abused or a person has abused a student, volunteers are directed to report that information to a teacher or principal.

Please notify the school administrator immediately if:

- You hear students discussing issues that may be deemed dangerous to themselves or other students;
- You witness an act of bullying or harassment and you are the only adult in the room or area.

If you suspect abuse, or if a student reveals abuse, do not act shocked, but close the conversation as gracefully as possible and contact the school administrator or counselor as soon as possible.

My signature below certifies that I have read and understand the material above. I understand my duty to abide by the laws and policies regarding the preservation of confidential information.

Signature _____

Date _____

Printed Name _____

School _____

BOARD OF EDUCATION

Ms. Laura Chardiet Ms. Nancy Goldberg Dr. Steven M. Levin Ms. Katherine Paspalis Ms. Susanne Robins Mr. David LaRose, Superintendent

**CULVER CITY UNIFIED SCHOOL DISTRICT
ADULT VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY
HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION**

Date: _____

Name: _____ hereby requests participation in the following activity:

(Description of activity; please be specific)

I understand that this activity could cause serious illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as a Culver City Unified School District (District) volunteer in this activity, I acknowledge that the District does not provide property or medical coverage for volunteers for any death, bodily injury, personal injury, or illness, or insurance to cover any loss to property sustained during my course as a District volunteer. I agree to waive all claims against Culver City Unified School District and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employee or agents.

<input type="checkbox"/>	I have no special health needs the staff should be aware of, and no medication is required during this activity.
<input type="checkbox"/>	I have consulted with my physician and verify that I am medically fit to participate in this activity.

Signature

Name (Please Print)

Family Medical
Insurance Carrier: _____
(e.g. Blue Cross, Kaiser, etc)

Policy Number: _____

In the event of an emergency, please contact:

Name (Please Print)

Relationship

Home Phone: () - _____

Work Phone: () - _____



Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____

Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If no, continue with questions below.

If there is a “Yes” response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)



ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____

Date: _____

Date of Birth: _____

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 Signature

Please Print Health Care Provider Name Title

Office Address: Street City State Zip Code

Telephone Fax