



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

Attachment A

Los Angeles Unified School District Volunteer Application

This application must be printed, signed and delivered to the District office administrator or principal of the school where you want to volunteer. The office or school can assist you in printing the application.

PART A: *To be completed by applicant*

New Volunteer

Continuing Volunteer

You will be identified by your birthdate and Volunteer Identification (ID) Number.		
Birthdate:		Volunteer ID Number:

If continuing, please list the office(s) or school(s) where you have volunteered: _____

MY PROFILE

First Name: _____ Middle Name/Initial: _____
 Last Name: _____ Other Names: _____

TYPES OF VOLUNTEERS: (Please check the all that apply)	
I am a: <input type="checkbox"/> parent/legal guardian of a child at this school.	
I am a: <input type="checkbox"/> community member or non-custodial family member.	
I am: <input type="checkbox"/> employed by LAUSD.	Employee number: _____
I am: <input type="checkbox"/> a student at a college or university.	Name of institution: _____
I am: <input type="checkbox"/> an intern.	Name of institution: _____
I am: <input type="checkbox"/> employed at a community-based organization.	Name of organization: _____
I am: <input type="checkbox"/> not volunteering in a school or office.	Name of unit/office: _____

CONTACT INFORMATION

Address: _____
 City: _____ State: _____ Zip: _____
PHONE
 Home: _____ Cell: _____ Work: _____
EMAIL: _____

Emergency Contact 1 Name: _____ Contact 1 Phone: _____
 Emergency Contact 2 Name: _____ Contact 2 Phone: _____

Are you employed? yes no
 If so, where? _____
 Occupation: _____



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Attachment B

PART B: *To be completed by school or office personnel*

HEALTH/SAFETY CLEARANCES

Date of TB skin test: _____ Date of CA Megan's Law review: _____
 Date of X-ray: _____ Fingerprint needed? no yes
 Doctor's clearance: _____ Date of fingerprint clearance: _____

SCHOOL OR OFFICE PROFILE

Name of School or Office: _____ School Year: _____
 Volunteer assigned to: _____ Number of hours assigned: _____
 Type of supervision required: general supervision certificated supervision off-campus non-student only

Administrative Designee:

First Name: _____ Last Name: _____
 Employee Number: _____ Classroom/Office: _____

Principal or District Office Administrator Verification:

I certify that I have reviewed this application, the attached clearances, and approved this volunteer.
 Application denied. (*Please identify reason below.*)
 disruptive parent letter on file felony conviction other: *see below*
 Reason: _____

Principal or District Office Administrator:

First Name: _____ Last Name: _____
 Employee Number: _____

| Complete |



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Attachment C

**Los Angeles Unified School District
TUBERCULOSIS PHYSICIAN/CLINIC FORM**

Dear Volunteer:

You must be free of active tuberculosis (TB) before you start volunteering. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived by the agency. If denied a waiver, you are still responsible for any costs incurred.

Principal or District Office Administrator Signature Date

School or Office _____

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name _____ Date of Birth _____

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

- _____ TB Risk Assessment Questionnaire administered by a licensed health care provider
- _____ MANTOUX Skin Test (5 TU PPD)
- _____ CHEST X-RAY (Acceptable only if MANTOUX positive)

Date Given: _____ Date Read: _____ Date of X-Ray: _____

Given by: _____ Result (mm): _____

X-Ray impression: _____

History of positive MANTOUX: _____

Signature of Physician/RN Date

Print Name of Physician/RN: _____ Degree: _____ State License Number: _____

Business Address: _____

Business Telephone: _____



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

Adjunto C1

Distrito Escolar Unificado de Los Ángeles FORMULARIO MEDICO/CLINICO DE LA PRUEBA DE TUBERCULOSIS

Estimado Voluntario:

Antes de iniciar como voluntario, usted debe estar libre de tuberculosis (TB) activa. Una prueba de la tuberculosis (prueba cutánea de Mantoux) es obligatoria, como lo dicta el Código de Salud Pública y Seguridad del Estado de California §12145, Prueba de la Tuberculosis para los Voluntarios Escolares. No se aceptan exámenes de punción múltiples. Si la prueba cutánea de Mantoux resulta positiva, se exigirán radiografías del tórax. No se aceptarán constancias de radiografías del tórax sin documentación que verifique anteriormente una prueba positiva cutánea de Mantoux.

Por favor lleve este formulario a un médico particular, a una clínica o a una entidad de salud pública. Usted puede solicitar a la entidad prestadora de servicios médicos exención de la tarifa. Si se le niega la exención, usted tendrá que cubrir el costo.

Firma del Director o Administrador

Fecha

Escuela o Oficina

PARA USO DEL MEDICO/CLINICA SOLAMENTE:

Nombre del Paciente _____

Fecha del Nacimiento _____

NO HAY EVIDENCIA DE TUBERCULOSIS ACTIVA SEGÚN EL RESULTADO DE:

Cuestionario para evaluar el riesgo de la tuberculosis suministrado por un proveedor titulado en cuidado de la salud

Prueba epidérmica MANTOUX (5 TU PPD)

Radiografía del Pecho (Solo se acepta si la Prueba MANTOUX resultó positiva)

Fecha de
Administración _____

Fecha de
Lectura _____

Fecha de
Radiografía _____

Administrado por _____

Resultado (mm) _____

Impresión de Rayos X _____

Resultado positivo de la
Prueba MANTOUX _____

Firma del Médico / Enfermera

Fecha

Nombre del
Médico/Enfermera _____

Título

Número de Licencia
Estatad _____

Domicilio de la
Clínica/Agencia _____

Número Telefónico _____



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Attachment D

APPLICATION INSTRUCTIONS

NEW VOLUNTEERS

Individuals interested in becoming an approved volunteer will need to complete the following steps:

1. Ask the school principal or District office administrator if there are any volunteer opportunities available.
2. Fill out Part A of the online application. Access application at:
<http://families.lausd.net/volunteers>
Save your Volunteer Identification (ID) Number.
3. Notify the principal or District office administrator where you have applied that you have filled out the application and are interested in becoming a volunteer.
4. Obtain TB clearance from your healthcare provider.
5. Obtain fingerprint clearance when applicable. Ask school personnel to call to schedule an appointment at 213-241-6591. The fee is \$56.00 and in some cases may be covered through PTA/PTSO funds. Fingerprinting can only be paid for by money orders or cashier's checks made out to LAUSD.
6. The principal or administrative designee will check your name against the Megan's Law online database. Once the principal or administrative designee has approved your application, it will be forwarded to the Parent, Community and Student Services for processing. Upon approval, a volunteer identification badge will be issued, and you may begin your volunteer assignment at the school where you applied.

(Note: An online application is required per school.)

CONTINUING VOLUNTEERS

If you would like to return to a school or office in the Fall and continue as an approved volunteer, or apply to an additional school or office, you will need to complete the following steps:

1. Ask the school principal or District office administrator if there are any volunteer opportunities available.
2. Fill out Part A of the online application. Access application at:
<http://families.lausd.net/volunteers>
3. Notify the principal or District office administrator at the school or office where you have applied that you have filled out the application and obtained your health and safety clearances.
4. District staff must verify TB clearance prior to starting volunteer service. Clearance for TB is valid for a period of up to four (4) years.
5. If you have been fingerprinted through the District, you do not need to be fingerprinted again.
 - a) If you have not been fingerprinted, you may need to obtain fingerprint clearance. Check with the school or office with which you are applying.
 - b) Ask personnel to call to schedule an appointment to be fingerprinted at 213-241-6591. The fee is \$56.00 and in some cases may be covered through PTA/PTSO funds. Fingerprinting can only be paid for by money orders or cashier's checks made out to LAUSD.
6. The principal or District office administrator will check your name against the Megan's Law online database. Once your application has been approved, it will be forwarded to the Parent, Community and Student Services for processing. Upon approval, a volunteer identification badge will be issued, and you may begin your volunteer assignment at the school or office where you applied.



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Attachment E

PRINT FIRST AND LAST NAME

SCHOOL or OFFICE NAME

VOLUNTEER COMMITMENTS

I agree to abide by the following:

1. I will sign in at the main office upon arrival and sign out when I leave for the day.
2. I will wear my volunteer identification badge at all times while participating in volunteer activities.
3. Except in the case of an emergency, I will give 24 hours notice when I cannot keep a scheduled assignment.
4. I will follow the dress code of the school or office.
5. I will only use the adult bathroom facilities.
6. I will never be alone with individual students unless supervised by a teacher or other school staff.
7. I will not contact students outside of school hours, or exchange contact information, without the permission of the school staff and the student's parents.
8. If I have reason to suspect child abuse, I will report this immediately and confidentially to the principal.
9. I will treat all students, families, and employees with respect regardless of their race, gender, class, religion, sexual orientation, gender identity, disability, or immigration status.
10. I will treat all children and persons equally.
11. I will not share confidential information with anyone inside or outside of the school or office without the permission of the principal or other administrator.
12. I will report children's behavior problems to the teacher or other supervising school personnel.
13. I will respect the authority of all school and office personnel.
14. I will learn the rules regarding drills and emergencies and follow the direction of District office or school staff.

Volunteer's Signature

Date

Principal's Signature

Date