

**PARENT VOLUNTEERS:**

Parents have many opportunities to volunteer their time both at school and at home. Volunteer opportunities will be available throughout the school year, based on the school's needs. Volunteer opportunities are listed on the school website at [www.villagecharteracademy.com](http://www.villagecharteracademy.com).

**VOLUNTEER GUIDELINES:**

- The safety and education of students must be the main concern of volunteers while engaged in school activities.
- Individual student's grade records and abilities are personal and confidential information. Students have the right to confidentiality under the Family Educational Rights and Privacy Act (FERPA). Included, but not limited to this right are: academic work completed, standardized test scores, health data, interest inventory reports, reports of serious or recurrent behavior patterns, family background information, attendance records, grades and teacher or counselor rating and observations.
- Students may not be given medication by volunteers.
- Volunteers will not contact parents regarding student performance or behavior.
- Classroom supervision and student discipline are the responsibilities of the teacher and school.
- Permission for a student to leave the classroom must always be given by the teacher.
- Volunteers are required to sign in and out. The office will determine where and when a volunteer is needed within the school.
- For identification, volunteers are required to wear a name badge when helping with school activities.
- Volunteers will be assigned only to staff members requesting assistance.
- Punctuality and reliability are appreciated since teachers plan for volunteer assistance.
- Comparing and criticizing teachers and students is not acceptable volunteer behavior.
- Volunteers are expected to be well groomed and dressed appropriately.
- Volunteers should set a good example for students by their manner, appearance, and behavior.
- Volunteers will be allowed in the classrooms during instructional time ONLY when scheduled by the teacher in writing at the front office.
- Classroom volunteers are under the direct supervision of the classroom teachers.
- Out of classroom/ general school volunteers report to the School Directors and need to be screened by the Department of Justice (DOJ) and FBI to ensure student safety.
- No talking on cell phones in the classroom.
- DOJ clearances are required of any volunteer not working under the direct supervision of a school employee.
- All volunteers will submit either a TB Risk assessment form or a TB test clearance.

For post on Website:  
Parent Volunteer Opportunities

- Parent volunteers can join the Parent Volunteer Club.
  - For more information email: [vcavolunteers@gmail.com](mailto:vcavolunteers@gmail.com)
- Talk to the classroom teacher about ways to volunteer in the classroom, some possible ways to help the classroom teacher:
  - File papers/Correct Papers
  - Review mistakes with students
  - Cut out laminating
  - Be an extra person in the classroom during an art project
  - Read with students
  - Assist students with Accelerated Reader (AR)
  - Bulletin Board Prep/Take Down
- Sign up to be a “Room Mom” or “Room Dad” to help with Box Tops and other big projects that take place in the classroom.
- Parents interested in volunteering in the school (outside the classroom) can work with the Office Manager or School Directors. Some volunteer opportunities are:
  - Helping at drop off or pick up
  - Outside Bulletin Board Prep/Take Down
  - Event Help



### Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(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		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. <sup>2</sup>			
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.

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.  
<sup>2</sup> Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013. (<http://www.cdc.gov/tb/publications/LTB/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