SPRINGS CHARTER SCHOOLS
VOLUNTEERS WELCOME!

DEFINITIONS

Check the box that applies. All persons will sign in and get a visitor badge to be returned before leaving.

- **Visitor**

  A Visitor is defined as an individual who, with school district authorization, attends a student performance, special event, festival, open house, back-to-school event, sports event, athletic competition, etc. A visitor may either be accompanied or unaccompanied by school district staff. Designated school district administrative personnel are to make this determination.

- **Guest**

  A Guest is defined as an individual who, with school district approval, assists students, schools, and teachers on a non-regular basis or who individually observes a classroom or activity. A guest may also assist with educational programs or with special events on an occasional or infrequent basis (special events, e.g., Guest Readers Programs, class parties).

- **Parent Observer**

  A Parent Observer is defined as a parent or guardian who desires to observe in his or her child's classroom. Parent observations are to be approved by the Director to ensure that the visit does not interfere with the learning process or classroom program. Any such observations must be arranged and conducted in accordance with procedures determined by the Director or Assistant Superintendent. Parent observers coming in on a regular basis may need TB test results.

- **Volunteer**

  A volunteer is any person serving the needs of the program on a regular basis at least one time per month or more.

Check the one that applies – if volunteer box is checked – proceed.



Attached is the process to become a Springs Charter School volunteer. Volunteering is a privilege and a service that teachers and staff truly appreciate. ***All volunteers must, however, have a helpful task to perform under the direct or indirect supervision of a district employee.*** Volunteer ID badges should be worn at all times a person is volunteering.

- Please fill out and read entire packet.
- Have proof of current negative TB test or chest x-ray (within last 12 months)

Volunteer may not begin volunteering until they receive an email or phone call stating that the volunteer has cleared DOJ/FBI and TB test has been submitted. Once all paperwork is completed, return to the Site Facilitator or Site Director or mail to the District Office: Springs Charter Schools, 27740 Jefferson Avenue, Temecula, CA, 92590. If you have any questions or concerns, contact Human Resources Department at 951-252-8877.

Springs Category 1 Volunteer Process

	DESCRIPTION	STEPS TO TAKE
Category 1 Note: Volunteers will not have one-on-one time with students – group session only - never left alone with unsupervised students.	• Help in classroom, office, or library under direct supervision of Springs employee • Help out as needed on a school site unsupervised but without Springs students present (example: workroom) • PTSA or Booster Club parent who volunteers in and around Springs students are supervised by a Springs employee	• Application – Fill out and obtain Director signature. • Complete TB Risk Assessment Paper from Physician and return. (TB tests are not required as of January 1, 2015.) • Bring completed application and TB Risk Assessment Paperwork to Site Facilitator or designee. **We will:** • Check Megan's Law website. http://www.meganslaw.ca.gov/ • Make a Yellow ID Badge with name of volunteer.

As an unpaid volunteer with Springs Charter Schools, you are responsible to follow Federal laws, State laws and all Springs' Board policies (which can be accessed through the District's website at http://www.springscharterschools.org), including the following:

- District information on Bloodborne Pathogens
- California "Discrimination is Against the Law" information
- Child Abuse Reporting information
- California "Sexual Harassment is Against the Law" information
- Tobacco, drug, or alcohol use prohibited information is signed
- FERPA confidentiality obligations as employee or volunteer is signed.
- Declaration of Public Employees as Disaster Service Workers
- Safe Schools online training as applicable to volunteer position (ex: crossing guard)
- Adult Sexual Misconduct: Prevention & Management

I acknowledge that I have received and read all of the above volunteer information.

Signature _____ Date_____

Springs Category 2 Volunteer Process

	DESCRIPTION	STEPS TO TAKE
Category 2 Note: Volunteers may be left alone unsupervised with student(s).	• Help in classroom or on playground and might be left alone with children • Go on field trips when given a "student group" to monitor alone • Parent sponsor for overnight trip where he/she might be left alone with student(s) other than their own • PTSA or Booster Club parent who volunteers in and around Springs students without supervision	• Application - Fill out and obtain Director signature • Read application and all inserts • Complete TB Risk Assessment Paper from Physician and return. (TB tests are not required as of January 1, 2015.) • Complete the Live Scan Form. Print 3 (three) copies. One copy will be given to the Live Scan Operator, the second you will keep for your records and the third you will return to the school site. For live scan locations, go to the following link: http://www.ag.ca.gov/fingerprints/publications/contact.php You will pay the "rolling" fee of between $20 - $25 and Springs Charter Schools will be billed for the remaining fees. • Bring completed application, ID and TB test results to Site Facilitator **We will:** • Check Megan's Law website. http://www.meganslaw.ca.gov/ • Make a Green ID Badge with name of volunteer.

As an unpaid volunteer with Springs Charter Schools, you are responsible to follow Federal laws, State laws and all Springs' Board policies (which can be accessed through the District's website at http://www.springscharterschools.org), including the following:

- District information on Bloodborne Pathogens
- California "Discrimination is Against the Law" information
- Child Abuse Reporting information
- California "Sexual Harassment is Against the Law" information
- Tobacco, drug, or alcohol use prohibited information is signed
- FERPA confidentiality obligations as employee or volunteer is signed.
- Declaration of Public Employees as Disaster Service Workers
- Safe Schools online training as applicable to volunteer position (ex: crossing guard)
- Adult Sexual Misconduct: Prevention & Management

I acknowledge that I have received and read all of the above volunteer information.

Signature _____ Date_____

Application for Volunteers

Instructions

(1) Please fill out this form completely; (2) Type or print in ink; (3) Sign the form at the bottom.
This application and any attachments become the property of Springs Charter Schools.
Deliver all completed application materials to Springs Charter Schools, 27740 Jefferson, Avenue, Temecula, CA 92590

Name_____ Phone _____
Last First Middle

Address_____ _____ _____
Number and Street City Zip

Date of Birth_____ CA Driver's License _____

List Volunteer Experiences_____ _____

Name/Location of Current Employer _____

List references other than family members: _____
_____
_____

NOTE

(1) Individuals who regularly perform one or more hours per week of any specific volunteer service with or around students shall be required to produce a copy of a negative Tuberculosis test taken within the last six (six) months indicating you are free of active tuberculosis.

(2) Additionally, all volunteers must follow student confidentiality requirements as defined by the Family Education Rights and Privacy Act of 1974 (FERPA).

Are you physically able to perform the functions of this position with/without accommodation? Yes ● No ●

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of a guilty by a judge or a jury. (Exclude convictions for marijuana-related offenses for more than two years old.) Yes ● No ●

If "Yes", list all convictions including, but not limited to convictions for "driving" under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Including any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code Sections 667.6© and 1192.7©. *(Use a separate sheet of paper to explain details – a conviction will not constitute an automatic bar from selection as a volunteer).*

I HEREBY CERTIFY that all statements made herein are true and correct and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

I AFFIRM that I have read and understand all of the attached annual notifications and requirements for Springs Charter Schools unpaid volunteers.

_____ _____
Signature of Applicant **Date**

School Site_____ Student Name _____

Director _____ Approved By _____

PARTICIPATION IN VOLUNTARY COMMUNITY SERVICE OPPORTUNITY, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

Date _____

Name _____

Nature of Activity _____

(Please be specific)

Date _____ Time_____ Date _____

Person in Charge _____ Position _____ School _____

I understand and agree that in return for this waiver and the other promises herein [SCHOOL] will permit _____ to participate in the volunteer activity described above. As a voluntary activity, participation in the student/staff game does not fall within the "scope of employment" and any injuries incurred are not subject to workers' compensation.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of [Type of Activity/Where/Who, etc.] _____, and agrees that [SCHOOL] shall not be responsible or liable for any and all injuries sustained to the individual listed above, as well as any loss, damage, medical cost, or other expense arising out of the volunteer's participation.

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.

I fully understand that participants are to abide by all rules and regulations governing conduct as directed by [SCHOOL] during the activity.

I agree to waive all claims against the _____ [SCHOOL] and hold the [SCHOOL], its officers, agents, employees and volunteers harmless from any and all liability or claims which may arise out of or in connection with my participation in this activity.

_____ _____ Work Phone ( ) _____

Signature (Please Print Name)

Home Phone ( ) _____

Family Medical

Insurance Carrier_____ Policy/Group Number_____

(e.g., Blue Cross or "None")

In the event of an emergency, please contact:

_____ _____ Work Phone ( ) _____

(Name) (Relationship)

Home Phone ( ) _____

FERPA

Confidentiality Statement

FERPA Statement of Understanding: I understand that by virtue of my employment (or volunteer status) at Springs Charter Schools, I may have access (in the course of my duties) to student information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974 (FERPA). Along with the right to access comes the responsibility to maintain the privacy rights of students. There is a responsibility to maintain confidentiality. Grades, Social Security numbers, financial information, class schedules, and medical information should never be released to anyone other than the student or parent/guardian while the student is less than 18 years of age. I acknowledge that I fully understand that the disclosure by me of this information to any unauthorized person could subject Springs Charter Schools to administrative sanctions for violating federal law. I have read the above and agree to maintain the confidentiality of student records.

Signature_____ Date _____

DECLARATION OF PUBLIC EMPLOYEES AS DISASTER SERVICE WORKERS

It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the State from the effects of natural, manmade, or war caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount State importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the State in protection of its citizens and resources, all public employees *(including registered volunteers)* are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned by their superiors or by law. *(Required by Government Code 3100-3102 of the State of California).*

Signature_____ Date _____

NOTICE TO EMPLOYEES/VOLUNTEERS REGARDING: DRUG AND ALCOHOL-FREE WORKPLACE

YOU ARE HEREBY NOTIFIED that it is a violation of Board Policy for any employee or volunteer at Springs Charter Schools to unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of any alcoholic beverage, drug, or controlled substance as defined in the Controlled Substances Act and Code of Federal Regulations.

"Springs Charter Schools" is defined as any place where school work is performed, including school building or other school premises; any school-owned or school=-approved vehicle used to transport students to and from school or school activities; any off-school sites when accommodating a school-sponsored or school-approved activity or function, such as a field trip or athletic event, where students are under district jurisdiction; or during any period of time when an employee or volunteer is supervising students on behalf of Springs or otherwise engaged in Springs Charter Schools business.

As a condition of your continued employment or volunteer status with the District, you will comply with the District's policy on "Drug and Alcohol-Free Workplace and will, any time you are convicted of any criminal drug or alcohol statue violation occurring in the workplace, notify your supervisor of this conviction no later than five (5) days after such conviction.

Pursuant to the federal Omnibus Transportation Employee Testing Act of 1991, school bus drivers shall be subject to a drug and alcohol testing program that fulfills the requirements of the Code of Federal Regulations, Title 49, Part 382.

Pursuant to California Education Code 44836 and 45123, the board may not employ or retain in employment or volunteer status persons convicted of a controlled substance offense as defined in Education Code 44011. If any such conviction is reversed and the person is acquitted in a new trial or the charges are dismissed, his/her employment is no longer prohibited.

Pursuant to California Education Code 48901, the use of all tobacco products by anyone on District property, in District vehicles, or at District-sponsored events is prohibited. District employees, volunteers, students, and members of the public are expected to observe this restriction. Any employee, volunteer, or student who violates the District's tobacco-free schools policy shall be asked to refrain from smoking and shall be subject to disciplinary action as appropriate.

Pursuant to Education code 45123, the District may employ for classified service a person who has been convicted of a controlled substance offense only if it determines, from evidence presented, that the person has been rehabilitated for at least five years. The Board shall determine the type and manner of presentation of the evidence, and the Board's determination as to whether or not the person has been rehabilitated is final.

Pursuant to Education Code 44425, whenever the holder of any credential issued by the State Board of Education or the Commission for Teacher Preparation and Licensing has been convicted of a controlled substance offense as defined in Education Code 44011, the Commission shall forthwith suspend the credential. Pursuant to Education Code 44065, the District may not employ non-certificated persons in positions requiring a certificate. When the conviction becomes final or when imposition of sentence is suspended, the commission shall revoke the credential. (Education Code 44425).

Pursuant to Education Code 44940 and 45304, the District must immediately place on compulsory leave of absence any employee charged with involvement in the sale, use, or exchange to minors of certain controlled substances.

Pursuant to Education Code 44940 and 45304, the District Must immediately place on compulsory leave of absence an employee charged with certain controlled substance offenses.

Drug and alcohol counseling, rehabilitation, and/or employee assistance programs are available for employees. Employees may request additional information and/or assistance through the District Personnel Services Office.

Name (please print) _____

Signature_____ **Date**_____

Bloodborne Pathogens

The most dangerous pathogens that are carried by the blood are HIV, the virus that causes AIDS, and hepatitis B, or C, viruses that can damage your liver, cause cancer of even kill you. This is an overview of Springs Charter Schools "Exposure Control Plan for Bloodborne Pathogens."

HEPATITIS B

By definition, hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. The hepatitis B infection is caused by a specific virus known as hepatitis B virus (HBV). The incubation period for this virus can be as long as 176 days with an average of 120. The symptoms may include anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. The disease is always present in some individuals. The chronic stage of the disease is more common in the younger individual. The disease can be passed from one person to another. The body fluids containing the highest concentration of the virus are the blood and blood fluids. HBV is more usually transmitted through the use of contaminated needles or sexual contact. The disease can be transmitted when the HBV infected blood or body fluids of an infected individual come in direct contact with: a break in the skin (sores, cuts, needle punctures, etc.) or; mucus membranes (eyes, nose, mouth, etc.) of a non-infected individual. This virus can survive on environmental surfaces dried and at room temperature for up to a week.

Less than 50% of those who become infected show symptoms of illness. Some of the symptoms that might be shown by the other 50% are fatigue, weight loss, headache, dark urine, abdominal pain, loss of appetite, nausea, jaundice or clay colored stools. The virus can get into your body through needles, broken skin, cuts, and membrane of the mouth, eyes or nose. It is transmitted through the following body fluids: blood, vaginal fluids, semen, breast milk, or saliva, vomit, tears, mucous, urine and sweat that may have blood mixed in with it.

The dangers of Hepatitis B are illness, loss of time at work, becoming a chronic carrier, cirrhosis, liver cancer, liver transplant, or death. There is, however, a Hepatitis B vaccine given in three doses over a six-month period of time. The vaccine is approximately
90% effective, but should not be taken by those allergic to yeast, pregnant, nursing mothers, or ill.

About 85-96% of adults achieve adequate antibody protection from the vaccine but some of the side effects of the vaccine include soreness, fatigue, redness, swelling at site, fever, headache, or dizziness.

The District has determined that the following employees have the greatest potential for occupational exposure to Hepatitis B and are given the option of receiving the Hepatitis B vaccine at no cost to them or signing a declination form:

- Nurses and health aides
- Campus/study hall supervisors
- Head Start preschool staff
- M & O plumbers
- Athletic trainers
- Employees assisting with specialized health care
- TEAM school bus drivers

Other employees may request the vaccine if they experience routine exposure to blood or other body fluids.

HEPATITIS C

Hepatitis C is a liver disease caused by infection with the hepatitis C virus (HCV). The virus is found in the blood of persons who have this disease and is spread by contact with infected blood. Hepatitis C has been added to the list of viruses included in Exposure Control Plans for Bloodborne Pathogens, and has similar features to Hepatitis B, but can remain in an individual's system for years with no apparent symptoms. More information about hepatitis C can be found at the following website:
www.cdc.gov/hepatitis

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Aids is caused by infection with the HIV Virus. This virus causes the gradual breakdown of the immune system which leads to a variety of unusual infections. These infections lead to the diagnosis of AIDS.

Acquired Immunodeficiency Syndrome (AIDS) is a medical condition associated with a loss of the body's natural immunity against disease. AIDS is characterized by an often-fatal breakdown of the body's immune system – the biological defense that helps protect us from illness. Once the condition develops, a patient becomes susceptible to a variety of opportunistic infections.

Some of the symptoms of HIV include severe weight loss, a purplish rash, and/or swollen glands over the body, constant fever, diarrhea, exhaustion, or unusual infections. There is no vaccine for HIV. It is transmitted through blood, semen, vaginal fluids and breast milk.

UNIVERSAL PRECAUTIONS

Use of universal precautions eliminates much of the fear of not knowing if a student in the classroom or fellow employee has an infection. The most basic universal precaution is hand washing. Hand washing should happen:

- Before eating, drinking or smoking
- Before handling cooking utensils or implements
- Before and after preparing food or assisting with feeding
- Before and after assisting with toileting or diapering
- After contact with body fluids such as respiratory secretions, blood (including menstrual flow), urine, feces, mucous, or drainage from wounds
- After close personal care of students, especially those with nose, mouth, eye or ear drainage
- Before putting on and after removing disposable gloves (gloves encourage moist environment conducive to bacterial growth)
- After feeding, handling, or cleaning up after animals in the classroom
- After using the toilet

Use all suggested personal protective equipment and procedures. If you need protective equipment, contact your site administrator or supervisor or Safety & Risk Services. Remember, only you can protect yourself against infection.

POST EXPOSURE PROCEDURES

If someone else's blood or body fluids comes in contact with your blood or body fluids through an exposure incident while at work:

1) Wash the area immediately with soap and water (depending on size of wound).
2) Report exposure/injury to your supervisor immediately.
3) Complete Injury Report (site secretary has forms).
4) See doctor who will document exposure, identify if possible the source individual, collect exposed employee's blood to test for HIV, HBV and HCV, and then counsel employee about options.

CONFIDENTIALITY

All results of an employee exposure incident are kept in strict confidentiality. Adults must grant their own written permission to share HIV status. Sharing information about AIDS/HIV infection is prohibited by law and subject to civil penalties with a fine up to $5,000.

Current law does not require parents or physicians to inform school officials of a student's AIDS/HIV status. Any disclosure by a student or parent must be kept confidential unless written permission is given. A parent or guardian may grant written permission to share information on a student under 18, but AIDS/HIV information may be shared only with specifically named persons. Forms for authorizing blanket permission to share AIDS/HIV status are inadequate.

Students must not be excluded, or placed especially solely because of AIDS or HIV status. A student's physician may determine school attendance inappropriate due to the student's vulnerability to infections present at school.

Signature_____ Date_____

Springs CHARTER SCHOOLS
EMPIRE SPRINGS HARBOR SPRINGS RIVER SPRINGS

27740 Jefferson Avenue
Temecula, CA 92590
HR Phone #: 951-252-8877
HR Fax #: 951-848-9494

REVIEW OF CHILD ABUSE LAW

Every person employed as a child care custodian or medical practitioner "...who has knowledge of or who observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse..." must report the known or suspected child abuse to a child protective services agency immediately. (Pen. Code, S 11166) The initial report may be made by telephone, but must be followed up by a written report within 36 hours of becoming aware of the known or suspected child abuse. Failure to report incidents of known or suspected child abuse is a misdemeanor.

A child care custodian: is defined to include "...teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school..." (Pen. Code S 11166.5)

Child abuse is defined as "...a physical injury which is inflicted by other than accidental means..", sexual abuse, willful cruelty or unjustifiable punishment, cruel or inhumane corporal punishment or injury, and negligent treatment or maltreatment under circumstances indicating harm or threatened harm to the child's health or welfare. While the statutory definition of child abuse does not encompass mental or emotional suffering, the reporting laws provide that child care custodians, "...who have knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or his or her well-being is endangered in any other way..." may report such to a child protective services agency. (Pen. Code, S 11166 [b])

A child protective services agency includes any police or sheriff's department, county probation department or county welfare department. (Pen. Code, S 11165 [k])

The reporting obligations outlined above are individual. (Pen. Code, S 11166 [f]). When two or more persons are individually aware of the same incident they may designate one person to make the report for all of them. (Pen. Code, S 11166 [e]). It is the responsibility of all individuals to insure the report is made, however, and failure of the designated person to make the report will subject all of the individuals to liability. (Pen. Code, S11166 [e])

Reports of child abuse, including the identity of the person making a report are confidential. (Pen. Code, S 11167.5; Ed. Code S 35301) Furthermore, persons reporting incidents of known or suspected child abuse are immune from criminal or civil prosecution. (Pen. Code, S 11172

Failure to report child abuse is a misdemeanor and punishable by up to six months in county jail or by a fine of not more than one thousand dollars or both. (Pen. Code S 11172
School district officials need to be aware that the reporting requirements outlined above also apply when an incident of known or suspected child abuse directly involves a school district employee.

Pursuant to the requirements of the California Penal code, I have read and understand the provisions of Penal Code Section 11166 as stated herein and will comply with its provisions.

Printed Name	Signature	Date

SPRINGS CHARTER SCHOOLS
Volunteer Procedures

CODE OF ETHICS AND CONFIDENTIALITY

There are certain rules that both employees and volunteers must follow when working in the school.

1. DO NOT discuss individual children outside the school.
2. Do not compare children within the school.
3. Never publicly discuss parents, children, teachers, or other volunteers. You may see confidential records of children in the classroom, staff room, or office. Under no circumstances should you repeat any of this information.

DEPENDABILITY

Springs staff will depend on volunteers to be present at their scheduled time. Springs staff have organized their day with the volunteer in mind. If a volunteer is unable to work on a scheduled day, it is the volunteer's responsibility to notify the school office or supervising staff as soon as possible.

SIGN-IN

All visitors to the schools, including volunteers, are required to report to the office each time they visit during normal school hours. At that time, volunteers will be given an identification badge to wear. The badge will signify to the staff and students that a volunteer is in the building. If a volunteer is seen in the building without an identification badge, that volunteer will be asked to go immediately to the office to check in.

DRESS

Volunteers should plan to dress comfortably and appropriately when spending time with the students in school or during school-related activities. Clothing that advertises alcohol, tobacco, other drugs, violence, or sexual acts should never be worn when working with children.

WHAT VOLUNTEERS CAN DO

SCHOOL VOLUNTEER ACTIVITIES AND ASSIGNMENTS ARE SPECIFIED AND APPROVED AT THE DIRECTION OF THE PROGRAM Director. Each volunteer will work directly with the program Director or her/his designated staff.

WHAT VOLUNTEERS CANNOT DO

1. **Administer Discipline** – If a volunteer has concerns about anything she/he sees in the classroom or on school grounds, the volunteer should speak to the teacher or program Director.
2. **Interrogate Students or Investigate Problems** – Please report any problems to a staff member or site director.
3. **Search Students or Student Property** – Please report any problems to a staff member or site director.
4. **Administer Medications** - including over-the-counter drugs such as aspirin. School personnel are responsible for administering this kind of aid and/or documented medications. Please refer this matter to the Director of designee.
5. **Clean Up Bodily Fluids** – Volunteers should not be involved in the clean-up of bodily fluids. In the case of a life-threatening situation, volunteers should first attempt to alert school personnel. If it is necessary for a volunteer to take immediate action, s/he should exercise all reasonable precautionary measures. School personnel should be notified as soon as possible.
6. **Bring infants or non-school age children** – Volunteers should not bring underage children with them when volunteering.
7. **Volunteers** may not perform any unauthorized services or activities without the expressed written consent of school administration. Such services may include, but is not limited to: academic advisement and counseling, legal counsel, fee based tutoring, specialize academic or behavior related services, etc.
8. **Lend Money or Bring Gifts for Students** – This can only be done when authorized by the Principal or designee.
9. **Videotape or Photograph Students** – This can only be done when authorized by the Principal or designee.
10. **Use Student Restrooms** – Please use the restrooms designated for adults.
11. **Volunteers cannot** "hang out" with their student during meals or visit with other adults on campus.
12. **Volunteers are not** permitted to transport students at any time.

Adult Tuberculosis (TB) Risk Assessment Questionnaire[1]

(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 ☐ No ☐
2. Close contact with someone with infectious TB disease	Yes ☐ No ☐
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 ☐ No ☐
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 ☐ No ☐
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes ☐ No ☐

**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**

STATE OF CALIFORNIA
BCIA 8016
(Rev. 05/2018)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9534
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

RIVER SPRINGS CHARTER SCHOOL
Agency Authorized to Receive Criminal Record Information

11197
Mail Code (five-digit code assigned by DOJ)

27740 JEFFERSON AVENUE
Street Address or P.O. Box

DIANE ANVARI
Contact Name (mandatory for all school submissions)

TEMECULA | CA | 92590
City | State | ZIP Code

9512528877
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 147911 (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: OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

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

Original ATI Number

Employer (Additional response for agencies specified by statute):

RIVER SPRINGS CHARTER SCHOOL
Employer Name

11197
Mail Code (five digit code assigned by DOJ)

27740 JEFFERSON AVENUE
Street Address or P.O. Box

TEMECULA | CA | 92590
City | State | ZIP Code

9512528877
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency