Dear Volunteer Applicant,

Attached you will find the following items that need to be completed to volunteer at Springs Charter Schools.

Step 1: Please take the **Live Scan DOJ** form to a local UPS store (they have the fastest turnaround time) and complete the fingerprinting process. You may request a copy of the form for your own records. There will be a small "rolling fee" of $20-$30 that you will be responsible for and Springs Charter Schools will be billed for the remaining fee.

Step 2: Next you will either need to get a **TB Test** (or present a copy of a TB Test that is less than 60 days old) or take the **Adult TB Risk Assessment Questionnaire** (attached) to your primary care physician and get the Certificate of Completion filled out as directed. In lieu of your primary care physician you can use a Minute Clinic or other alternative to complete this step. We will accept evidence of a chest x-ray completed within the past 12-15 months. You will need to upload your TB Test or Adult Risk Assessment Questionnaire results when you are completing the online Volunteer Application. You will need to complete this before the next step.

Step 3: Please review our schools **Volunteer Code of Conduct** (attached).

Step 4: Please visit the Springs Charter School website at https://springscs.org/ and complete the online **Springs Volunteer Application.** You will be required to upload a copy of your completed TB requirements.

Step 5: Once HR receives your Live Scan DOJ results and your TB requirement is verified **you will be notified via email** of your volunteer status.

If you have any questions concerning this process please speak to your school site's Volunteer Coordinator.

We thank you for your interest in volunteering at Springs, and look forward to working with you!

Office of Safety & Risk Management/HR

Springs Charter Schools Volunteer Code of Conduct

In my role as a Springs Charter Schools Volunteer, I agree to abide by the following Volunteer Code of Conduct:

1. Immediately upon arrival, I will sign in at the front office.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will not wear clothing that is inappropriate, advertises alcohol, tobacco, other drugs, violence, or sexual acts when volunteering at the site.
4. I will only use bathroom facilities designated for adults.
5. I agree to never be alone with individual students without administrative approval.
6. I will not solicit outside contact with students or give gifts or cards to students without administrative approval.
7. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home addresses, email addresses or other home directory information with students for any other purpose.
8. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
9. I agree to not transport students.
10. I will not disclose, use or disseminate student photographs or personal information about students or others.
11. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
12. I understand that my duties as a volunteer require my full attention and I agree not to have children under my care or supervision that are not currently enrolled at the school site.
13. I will not operate my cell phone or other electronic device within the confines of the classroom or any other educational setting while acting in the capacity of a volunteer or while supervising children engaged in a school sponsored activity or event.
14. I will defer to school staff with any emergency or medical situation.
15. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
16. I agree to adhere to the site's policies and protocols.

As a condition to being a Springs Charter Schools Volunteer, I agree to follow the Springs Charter Schools Volunteer Code of Conduct at all times.

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.

Name of Person Assessed for TB Risk Factors: _____

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. A Certificate of Completion should be completed after screening is completed (page 3).

CDPH PublicHealth

CTCA CALIFORNIA TUBERCULOSIS CONTROLLERS ASSOCIATION

Certificate of Completion
Tuberculosis Risk Assessment and/or Examination

*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.*

First and Last Name of the person assessed and/or examined:

_____

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

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.

X_____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

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 — City
CA — State
92590 — 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: VISTA CHARTER
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 — City
CA — State
92590 — 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

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170