

Del Norte County Unified School District
VOLUNTEER REGISTRATION PACKET
2023-2024 School Year

Level 1
 Level 2 (Cleared)

Volunteer Application

Parent/Guardian of _____ Community Volunteer

First Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____
Home Phone: _____ Cell Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
School Site: _____ Teacher Name: _____
School Site: _____ Email Address: _____

Availability

Specific & Limited Volunteer Dates Start Date: _____ End Date: _____
 Volunteer Throughout the School Year Start Date: _____ End Date: June 30, 2024
 Volunteer Facilities Projects Project Name: _____
 Volunteer Coaching Sport: _____

Hours Available: _____ Grade Level(s): _____
Emergency Contact Person: _____ Phone Number: _____

CPR/Frist Aid Trained No Yes – Valid until: _____

Background Requirements

I will always be supervised while with students (Level I) I may at times be unsupervised with students (Level II)

Have you ever been convicted of a felony or misdemeanor criminal offense? No Yes

If YES, please give explanation and statement of sentence imposed. (Conviction does not necessarily disqualify candidate.)
Failure to truthfully provide the information requested is cause for disqualification.

Approvals

I certify under penalty of perjury and in conformance with Education Code 35021 that I am not required to register as a sex offender pursuant to Penal Code section 290. I understand that, in accordance with district policy, school administrators will verify this information via the Megan's Law database.

Volunteer Signature: _____ Date: _____
Principal Signature: _____ Date: _____

Internal - Human Resources Only

Megan's Law Check Date: _____ TB Risk Form Received: _____
Driving Clearance: _____ Background Clearance: _____
Approved Date: _____ Approved By: _____ Add to Approved List:

Del Norte County Unified School District
VOLUNTEER REGISTRATION PACKET
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We appreciate your interest in volunteering at a Del Norte Unified School District site. As part of the District's ongoing efforts to ensure student safety in accordance to Board Policy 1240 Volunteer Assistance, it is necessary to require a volunteer's personal information to approve a volunteer to be on a school site. All volunteers will be required to submit an application annually. All volunteers will be checked through the Megan's Law website as part of the application process (www.meganslaw.ca.gov).

Tuberculosis Risk Assessment forms are required every four years. Volunteers for Early Childhood Education are required to provide proof of vaccination in accordance to SB792, please see the Volunteer Handbook for additional information. Volunteers that are requesting to volunteer under criteria listed as level II (2) in the Volunteer Handbook will be required to submit to a background check.

This document is meant to guide the volunteer approval process. Volunteers are eligible to be utilized for short term activities (e.g. field trips, classroom special activities, and sport functions). The regular use of volunteers in the place of CSEA employees is a violation of the CSEA contract. Volunteers must be verified on the "Approved Volunteer List" **prior** to each volunteer event.

SITE RESPONSIBILITIES

- Provide a Volunteer Registration Packet to volunteer applicant to complete and return
- Principal must sign the returned Volunteer Application
- Completed documents are to be emailed to volunteerrequest@dnusd.org to the District Office.
- Site *must* verify that the volunteer is on the Approved Volunteer List prior to each volunteer event
- The volunteer is *not* approved to participate in any activity until the Site receives an e-mail approval from the Human Resources Department titled "Volunteer Status Notification" indicating the specified volunteer has been approved.

VOLUNTEER RESPONSIBILITIES

All Volunteers are required to complete the following:

- Complete the Volunteer Registration Packet in its entirety, truthfully and honestly
- Submit completed Packet to Site Secretary or email to volunteerrequest@dnusd.org
- Report any change in volunteer status and or information within the Packet to the District Human Resources Department
- May not start volunteering until receipt of formal notification of approval to volunteer from the District Human Resources Department

HUMAN RESOURCES RESPONSIBILITIES

Upon receipt of the completed documents the following process must be completed prior to approval.

- Verify and confirm Megan's Law database
- Will call and coordinate an appointment with the applicant to verify a primary valid photo identification and secondary form of identification as listed within the Volunteer Handbook
- Coordinates with the District Nurse to approve the Tuberculosis Risk Assessment Questionnaire
- If required, completes fingerprints for a background check. Results must be received and approved to clear the volunteer prior to the start of volunteering
- If driving is requested, coordinate with Director of Transportation and must receive formal approval to drive and be placed on the driving list
- Contact the volunteer to notify approval denial to volunteer
- Email the teacher, the site secretary and the principal for notification of approval denial and place the volunteer's name on the shared Volunteer Approved List
- The Superintendent or designee reserves the right to cancel volunteers at any time.



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).



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):