

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

The District is excited to partner with your organization. As part of the District's efforts to ensure student safety in accordance to Board Policy #1240 Volunteer Assistance, it is necessary to require information concerning volunteers prior to approval. 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. Community Volunteers are all required to be cleared as a volunteer under criteria listed as level II (2) in the Volunteer Handbook requiring submission to a background check. The Superintendent or designee reserves the right to cancel volunteers at any time.

This document is meant to guide the volunteer approval process. Community Volunteers are eligible to be utilized for approved program work only. Other volunteer work is not permitted without express approval by the District with appropriate paperwork completed and on file.

SITE RESPONSIBILITIES

- Provide a Volunteer Registration Packet to volunteer applicant to complete and return
- Principal must sign the returned Volunteer Application (For multiple site requests, please skip this step and proceed to the next bullet)
- Completed documents are to be emailed to volunteerrequest@dnusd.org and/or sent via interoffice mail 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 (For multiple site requests, please email to volunteerrequest@dnusd.org and/or sent via interoffice mail to the District Office.)
- 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
- Verify Applicant is a participant with the Program Supervisor listed on the application
- Must 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, complete 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 including the Program Supervisor
- Email the program supervisor, teacher, the site secretary and the principal for notification of approval/denial and place the volunteer's name on the shared Volunteer Approved List (Google Document Titled "Volunteer Approval List" located in the "HR Procedures and Policies" folder.)

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Application

Note: All Volunteers must be approved by Human Resources prior to the start of any volunteer work

PROGRAM INFORMATION

Program Name: _____ Program Supervisor: _____
 Supervisor Phone: _____ Program Supervisor Email: _____
 Dates of Program: From: _____ To: _____ Driver: Yes ___ No ___

Description of work to be completed at sites:

PARTICIPANT VOLUNTEER INFORMATION

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: _____
 Home Phone: _____ Cell Phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 E-Mail Address: _____
 Emergency Contact Person: _____ Phone Number: _____

SCHOOL SITES

School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____
School Site: _____	Principal Approval: _____

BACKGROUND REQUIREMENTS

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

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: _____

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: ___



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)	
<input type="checkbox"/>	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.
<input type="checkbox"/>	No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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).



District Nurse will complete this form as part of the approval process. Alternatively, volunteers may elect to have a health care provider of their choice complete this form.



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):