

Volunteer Application Information 2021-2022

Dear Future Volunteers,

Our Volunteers are very important to our school. Below are the required items to begin the Volunteer process.

- All volunteers must fill out a new application every year
- All applications must have a current TB test attached and if immunized proof of covid testing. (If you are not fully immunized you will be required to test weekly and provide a negative result prior to entering the next week. As of December 20, 2021, everyone must be fully covid immunized to volunteer.)
- Be able to present an original form of current government issued-photo identification (driver's license, passport, military ID or other government identification) so we can make a copy.

If you have current identification, TB test/chest x-ray results on file you do not need to submit a copy with your new application.

If you have any questions, please email languageacademy@sandi.net. Applications will be processed as quickly as staffing allows and you will be notified of your start date.

PLEASE NOTE: Applications will not be accepted until all items listed are attached.

Información de solicitud de voluntariado 2021-2022

Estimados futuros voluntarios,

Nuestros voluntarios son muy importantes para nuestra escuela. A continuación, se encuentran los elementos necesarios para comenzar el proceso de voluntariado.

- Todos los voluntarios deben completar una nueva solicitud cada año.
- Todas las solicitudes deben tener adjunta una prueba de TB actual y, si están inmunizadas, una prueba de covid. (Si no está completamente inmunizado, se le pedirá que realice la prueba semanalmente y proporcione un resultado negativo antes de ingresar a la próxima semana. A partir del 20 de diciembre de 2021, todos deben estar completamente inmunizados contra la covid para ser voluntarios).
- Poder presentar una forma original de identificación con fotografía emitida por el gobierno (licencia de conducir, pasaporte, identificación militar u otra identificación del gobierno) para que podamos hacer una copia.

Si tiene una identificación actual, los resultados de la prueba de tuberculosis / radiografía de tórax en el archivo, no necesita enviar una copia con su nueva solicitud.

Si tiene alguna pregunta, envíe un correo electrónico a languageacademy@sandi.net. Las solicitudes se procesarán tan rápido como lo permita el personal y se le notificará su fecha de inicio.

TENGA EN CUENTA: No se aceptarán solicitudes hasta que se adjunten todos los elementos enumerados.

SCHOOL YEAR:

SAN DIEGO UNIFIED SCHOOL DISTRICT

SCHOOL VOLUNTEER APPLICATION

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ DATE OF BIRTH _____
(STREET) (CITY) (ZIP) MO/DAY/YR

HOME PHONE _____ E-MAIL _____ ID # _____
Gov Issued ID Type _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)

CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer. _____ New _____ Returning

Are you also a volunteer at another SDUSD school? _____ YES _____ NO

If yes, please indicate the school(s): _____

Do you have any criminal charges pending against you? _____ YES _____ NO

Have you ever been convicted* of a felony or misdemeanor? _____ YES _____ NO

Have you ever been convicted* of a sex, drug or weapon related offense? _____ YES _____ NO

Are you required to register as a sex offender under Penal Code 290.95? _____ YES _____ NO

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: _____

Parent Volunteers: Please check whether you plan to drive for a field trip during the school year. _____ YES _____ NO

Please list the name(s) of your child(ren): _____

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: _____ Date: _____

TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): _____

Volunteer category (check appropriate box and indicate date cleared):

- Category B + Megan's Law database check - cleared _____
- Category C + SDUSD School Police background check - cleared _____
- Category D + Fingerprinting - cleared _____

Type of volunteer (check if appropriate):

- ____ Parent _____ OASIS Volunteer _____ CalWORKS
- ____ Community _____ Rolling Reader/EAR _____ Other _____
- ____ Partner _____ College Student

Volunteer service ended (date): _____

Reason for leaving:

- ____ Child no longer at school
- ____ Moved _____ Illness
- ____ Employment _____ Requested to Leave
- ____ Other _____

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS.



VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure # 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

Volunteer Signature _____ Date _____

**San Diego Unified School District
VOLUNTEER TUBERCULIN TEST CARD**

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	USUAL VOLUNTEER LOCATION (School)
HOME ADDRESS (NUMBER AND STREET)		CITY	ZIP	PHONE NO.

INTRADERMAL TUBERCULIN TEST - VOLUNTEER

Be sure this certificate is filed with the Volunteer Coordinator at your school.
Failure to comply with this requirement will prevent your continual volunteer service with the District.

CERTIFICATE OF TUBERCULOSIS EXAMINATION

48-72 hour reading of intradermal tuberculin test was: Positive Negative

Date of skin test _____

Date read _____ Induration _____ m.m

School Nurse

Date

CERTIFICATE OF TUBERCULOSIS EXAMINATION

I certify that I am a physician and surgeon licensed under Chapter 5 of Division 2 of the Business and Professional Code of the State of California; that I have examined the results of an intradermal tuberculin test and/or an x-ray of the lungs of the above-named person, and I have found him/her free from active tuberculosis.

Physician and Surgeon

Date

NOT VALID IF UNSIGNED BY PHYSICIAN



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.

Employee Name: _____ Employee ID: _____

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. The Certificate of Completion (below) should be completed after screening is completed.

Certificate of Completion

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.

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.

Assessment Date: _____

Health Care Provider completing assessment or examination signature: _____

Please print, place label or stamp with Health Care Provider name and address (include number, street, city, state and zip code):

Please return to the Human Resources Division: 4100 Normal St., Room 1241 San Diego, CA 92103; tb@sandi.net; Questions: 619-725-8089