Volunteer Process

Who needs fingerprinting & TB clearance?

Volunteers who work at least one day per week or if they work in the following capacities:

- Field Trip (IF supervising students without a Certificated member present)
- Scholastic programs (during or after the school day)
- Interscholastic programs (during or after the school day)
- Extracurricular activities sponsored by the district or a school booster club, such as cheer team, drill team, dance team, intramural sports, clubs and/or marching band
- Working in the school garden (with students)
- Recurring classroom or school volunteers

Who does NOT need fingerprinting & TB clearance?

- Visitors to campus (check-in using Ident-a-Kid)
- Volunteering on a one-time/periodic basis
- Volunteering to help at a class party or a PTA event (not regularly)
- Volunteering on a field trip (NOT supervising students independently)
- Attending an assembly
- Visiting to do a class observation
- Working in the school garden (without students)

How long will it take to obtain clearance?

Clearances are determined by DOJ and are on a case by case basis. Therefore, please plan ahead for upcoming events accordingly. (Beginning of school year is a great time to begin planning)

Process for Volunteer Clearance:

- 1. Volunteer Clearance Request Form (to be completed by SOM)
- 2. Provide volunteer with your Site's Volunteer Process Flyer
- 3. Volunteer will return LiveScan & TB Clearance to HR@LMSVSCHOOLS.ORG
- 4. HR will notify SOM once the volunteer is cleared (Fingerprints & TB)
- 5. Approved volunteers will be added to the Fingerprinted School Volunteer Log. The link can be found here.

^{*}Volunteers who work at multiple school sites need only one background check and tuberculosis test or risk assessment.

Live Scan Fingerprinting Locations

Postal Annex 2514 Jamacha Road #502 El Cajon, CA 92019 619-660-9874

La Mesa Police Department 8085 University Ave La Mesa, CA 91941 619-667-7592 or 619-667-7510 appointment only Wednesday & Thursday 9am-4pm



We recommend calling to confirm if they accept walk-ins or if an appointment is necessary. Prices subject to change.

For more locations visit: www.oag.ca.gov/fingerprints/locations

REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission	out of John Powers Agencies)
ORI: A4448 Type of Applicant:	Classified School Employee Credentialed School Employee
The following selections are for Public Schools only	lv:
License, Certification, Permit Peace Of	
Type of License/Certification/Permit OR Working Title:	La Mesa Dale Elementary Volunteer
	(Maximum 30 characters - if assigned by DOJ, use exact title assigned)
Contributing Agency Information:	
LA MESA SPRING VALLEY SCHOOL DISTR	ICT 01771
Agency Authorized to Receive Criminal Record Information 4750 DATE AVE	Mail Code (five-digit code assigned by DOJ)
Street Address or P.O. Box	Vicky Giblin
Y A BATTON	Contact Name (mandatory for all school submissions)
City CA 91942 State ZIP Code	(012) 000 2700 A0302
	Contact Telephone Number
Applicant Information:	
ast Name	
Mhon Norma (AICA)	First Name / Middle Initial Suffix
ther Name: (AKA or Alias)	
ast	First
	Suffix
ate of Birth Sex Male Female	Driver's License Number
	Billing
eight Weight Eye Color Hair Colo	Number SELF-PAY
ace of Birth (State or Country) Social Security Number	(Agency Billing Number) Misc.
, and a secting Hamper	Number
ome	(Other Identification Number)
ddress Street Address or P.O. Box	City
	State ZIP Code
I have received and read the included Privacy I	Notice, Privacy Act Statement, and Applicant's Privacy Rights.
	The same of the sa
Applicant Signature	
ur Number:	Date
	Level of Service: X DOJ X FBI
(OCA Number (Agency Identifying Number)	
e-submission, list original ATI number:	
ust provide proof of rejection) Original ATI Number	er
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ne of Operator	Date
smitting Agency LSID	ATI Number Amount Collected/Pilled
	ATI Number Amount Collected/Billed



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 <u>adults</u> 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.

Nar	ne of Person Assessed for TB Risk Factors:
	Date of Birth:
	History of Tuberculosis Disease or Infection (Check appropriate box below) Yes
	• If there is a <u>documented</u> 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 LTBLif 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.

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