



LA SIERRA ACADEMY

LEARNING, SERVING AND ACHIEVING

Livescan Instructions

Thank you for volunteering at La Sierra Academy. In order to receive clearance, Livescan paperwork needs to be completed. Please take the following steps:

- Take the Request for Livescan Service form to one of the locations on the following page. (Please note that cost varies by location.)
- When the check has been completed, bring the signed form to the La Sierra Academy Business Office along with:
 - Completed Volunteer Services form (top portion only)
 - Certificate of Completion Tuberculosis Risk Assessment and/or Examination form
 - School Volunteer Commitment form

Once all paperwork has been received and cleared through the Southeastern California Conference you will be notified. At this time you can begin volunteering in the classroom.



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



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

LIVE SCAN LOCATIONS

Below is a partial listing of the California Department of Justice (DOJ) applicant live scan agency locations and their hours of operation. (For more updated information you may visit: www.ag.ca.gov/fingerprints/publications/contact.htm). Applicants are encouraged to contact the agency to determine if an appointment for fingerprinting is recommended and what their fees are. Fees, hours, and days of operation are subject to change. Please bring a photo ID. Operators must verify the identification of the applicant prior to fingerprinting by requiring a valid state issued photo ID. (Examples of ID are: California driver's license, valid out of state driver's license, California DMV ID card, Military card, passport, and alien registration card /immigration/green card.)

IMPERIAL COUNTY

Calexico Police Dept.
420 East 5th Street
Calexico, CA 92231
(760) 768-2140 x 19 Walk-in Only
Mon- Thurs 8:30am-3:30pm
Cash/Credit Card \$62.00- \$130.00

Imperial Co. Sheriff's Dept.
328 Applestill Road
El Centro, CA 92243
(760) 339-6346 Appointment only
Mon- Thurs 9:00am-11:30am; 1:30pm-3:30pm
Cash/Cashier's Check \$73.00

ORANGE COUNTY

Costa Mesa Police Dept.
99 Fair Drive
Costa Mesa, CA 92626-1919
(714) 754- 5033 Appointment & Walk-in
Mon- Friday 8:00am-3:00pm
Cash/Check/Money Order \$61.00

Fullerton Police Dept.
237 W. Commonwealth Avenue
Fullerton, CA 92832
(714) 738-6793 Appointment Only
Mon- Fri when personnel are on site
Cash/Check/Visa & MasterCard \$71.00

Irvine Police Dept.
1 Civic Center Plaza
Irvine, CA 92606
(949) 724-7000 Appointment Only
Tues 9:00am – 3:30pm
Weds- Thurs 9:00am-5:00pm
Sat 9:00am- 1:00pm
Cash/ Check \$61.00

Orange County Sheriff's Dept.
11 Journey
Aliso Viejo, CA 92656
(949) 425-1801 Appointment Only
Mon- Fri 8:00am- 4:00pm
Cash/Check \$61.00

RIVERSIDE COUNTY

Banning Police Dept.
125 E Ramsey
Banning, CA 92220
(951) 922-3170 Walk-in Only
Tues & Thurs 8:30am- 11:00am
Cash Only- Exact amount \$66

Beaumont Police Dept.
660 Orange Ave.
Beaumont, CA 92223
(951) 769-8500 Walk-in
Tues & Thurs 9:00am- 12:00pm
(Thurs for Beaumont Residents Only)
Cash/Check/Credit Card
Beaumont Residents \$61
Non Beaumont Residents \$66

Cathedral City Police Dept.
68-700 Avenida Lalo Guerrero
Cathedral City, CA 92234
(760) 770-0393 Appointment Only
Mon, Tues, & Thurs 9:00am- 3:30pm
Cash/Check/Credit \$61

Corona-Norco U.S.D.
2820 Clark Ave.
Norco, CA 92860
(951) 736-8200 Appointment Only
M, T, Th: 9-12 & 2-3:30pm
Closed Wednesday & Friday
Money Order/Debit/ Visa Card/ Master Card \$73

Lake Elsinore Police Dept.
333 Limited Ave.
Lake Elsinore, CA 92530
(951) 245-3300 Appointment Only
Tues & Thurs 9:30am-2:30pm
Cash Only- Exact amount \$61

Moreno Valley Police Dept.
22850 Calle San Juan de Los Lagos
Moreno Valley, CA 92553
(951) 486-6700 Appointment Only
Tues-Thurs 9- 10:45am and 2-3:45pm
Cash/Check \$61

Murrieta Police Dept.
24701 Jefferson Avenue
Murrieta, CA 92562
(951) 304-2677 Appointment & Walk-in
Tues- Sat 8:00am- 4:30pm
Cash/Check/Master Card/ Visa Card \$71

Palm Desert Sheriff's Dept.
73-705 Gerald Ford Dr.
Palm Desert, CA 92211
(760) 836-1600 Appointment Only
Tues- Thurs 9:00am- 10:40am
Cash- Exact amount/Check \$61

Riverside Police Dept.
10540 Magnolia Ave.
Riverside, CA 92505
(951) 826-5700 Appointment Only
Tues, Thurs, Fri 8:00am- 2:30pm
Cash/Visa Card/Master Card \$61

Riverside Police Dept.
4102 Orange St.
Riverside, CA 92501
(951) 826-5700 Appointment Only
Tues, Thurs, Fri 8:00am- 2:30pm
Cash/Master Card/ Visa Card \$61



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AV490

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

RELIGIOUS YOUTH ORGANIZATION

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SOUTHEASTERN CALIFORNIA CONFERENCE OF S.D.A
Agency Authorized to Receive Criminal Record Information

28181

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 79990

Street Address or P.O. Box

JULIANA MOON

Contact Name (mandatory for all school submissions)

RIVERSIDE

City

CA

State

92513

ZIP Code

(951) 509-2337

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number

(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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

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):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

SOUTHEASTERN CALIFORNIA CONFERENCE OF SDA
OFFICE OF EDUCATION

VOLUNTEER SERVICES

NAME: _____ DATE: _____
ADDRESS: _____ HOME PHONE: _____
_____ CELL PHONE: _____
ASSIGNMENT: _____ DEPARTMENT: _____
BEGINNING DATE: _____ ENDING DATE: _____
SCHOOL: _____

As a volunteer I understand that there is no payment and no employment relationship.

Volunteer Signature *Date* *Department Director Signature* *Date*

PLEASE FILL OUT THE TOP PART OF THIS FORM COMPLETELY, INCLUDING SIGNATURES

*** **

Background Check Fees: Rolling Fees vary according to individual Live Scan agencies. Call the agency nearest you to make an appointment and for information about payment.

FBI Clearance is required if individual has been a California Resident for less than 2 years.

Mail completed form to:
Southeastern California Conference of SDA
Office of Education
P.O. Box 79990
Riverside, CA 92513

INFORMATION	
DOB:	_____
SSN:	_____
CDL:	_____
ATI:	_____
State Cleared:	_____
FBI Cleared:	_____
Date of Submission:	_____

Notification from the Department of Justice on the dates notated above show "NO FURTHER INFORMATION FROM FBI/DOJ FILES MEETING DISSEMINATION CRITERIA".

(A copy of this form will be sent to the school listed above when LiveScan results have been received.)

The Office of Education, Southeastern California Conference of Seventh-day Adventists, believes it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. We want others to feel comfortable and confident with your involvement with our students as a school volunteer.

School Volunteer Commitment

I recognize that working with children and youth is not only a privilege, but also a serious responsibility that must be approached with utmost care.

Therefore:

I will . . . cooperate with the school by being a volunteer who is caring, kind, firm, and always thoroughly professional.

I will . . . model Christian behavior and language.

I will . . . respect the privacy and honor the confidentiality of students, families and staff.

I will . . . provide appropriate supervision at all times, never leaving unattended a student or group of students for whom I am responsible.

I will . . . affirm student's behavior with appropriate comments.

I will . . . follow the discipline guidelines given to volunteers, abstaining from corporal punishment and from any form of physical or verbal abuse or harassment.

I will . . . avoid all situations where I would be alone with one student.

I will . . . use responsible judgment if any physical contact is appropriate or necessary.

I will . . . always assist students in a room or area where I am easily visible to others.

I will . . . cooperate with the volunteer screening process as required by the school.

I, the undersigned, have read this document and agree to abide by the School Volunteer Commitment outlined above. I will be given a copy of this document and keep it for reference.

As a volunteer I understand that there is no payment and no employment relationship.

School — _____

Name _____ Cell Phone _____

Student Name _____ Student Name _____

Student Name _____ Student Name _____

Signature _____ Date _____



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"/>	<p>Yes</p> <ul style="list-style-type: none"> ◦ 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.
<input type="checkbox"/>	<p>No (Assess for Risk Factors for Tuberculosis using box below)</p>

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	<p>One or more sign(s) or symptom(s) of TB disease</p> <ul style="list-style-type: none"> ◦ TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
<input type="checkbox"/>	<p>Birth, travel, or residence in a country with an elevated TB rate for at least 1 month</p> <ul style="list-style-type: none"> ◦ Includes countries <u>other than</u> 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"/>	<p>Close contact to someone with infectious TB disease during lifetime</p>
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):