



LA SIERRA ACADEMY

Pursuit of Excellence

*VOLUNTEER

Your path to joining the LSA Team





How to Get Your Required Certifications

Please follow these specific steps to ensure your documents are accepted.

1. Live Scan Fingerprinting

Requirement: One-time criminal background check for LSA.

- Validity: Permanent (Required Annual Consent Form (BCIA 9018))
- How to get it:
 1. Take the Request for Live Scan Service form (included in this packet) to a local Live Scan provider (e.g., UPS Store, local police station, or notary office).
 2. You will be required to pay the rolling fee and the background check fee.

Submission: The provider will give you a signed copy of the form. Include a copy of that signed form in your packet.

2. Mandated Reporter Training

Requirement: Official Child Abuse Mandated Reporter Training (Volunteer Module).

- Validity: Must be renewed every year.
- How to get it:
 1. Go to the official California Mandated Reporter website: mandatedreporterca.com
 2. Create an Account if you haven't done so before. Otherwise Log in.
 3. Go to "Training Catalog"
 4. Search and select the "Child Abuse| CA Volunteers" module and do the same for "(SB 848) Child Abuse Training for School Personnel".
 5. Complete both of the courses and post-tests. You must pay the required processing fee to receive the Official Certificates.
 6. Submission: Download the PDF certificate and include it in your email packet. Screenshots of the "passed" screen are not accepted.

3. TB Evaluation

Requirement: A clearance note from a healthcare provider.

- Validity: Must be renewed every 4 years.
- How to get it:

Option one:

1. Submit a Negative TB Result within the last 4 years.

Option two:

1. Contact your primary care physician or a local clinic.
2. Ask for a TB Risk Assessment or a TB Test.
3. Submission: Provide the signed "Risk Assessment" form (included in this packet) or the lab results showing a negative/clear status.

4. DMV Driver History Record

Requirement: An official INF 1125 form (Driver Record) directly from the DMV.

- Validity: Must be renewed every year.
- How to get it:
 1. Visit the official DMV website: dmv.ca.gov.
 2. Search for "Request Driver Record" Under the "Driver's License & IDs" tab.
 3. You will need to create a "MyDMV" account if you don't have one.
 4. Request your "Official Driver Record" (there is usually a small \$2.00–\$5.00 fee).
 5. Submission: Download the PDF or print it to a PDF file. We must see your name, license number, and the official
 6. DMV header.

Southeastern California Conference Office of Education School Volunteer Commitment

Thank you for your willingness to volunteer at the school. 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 the safety and well-being of all involved. Working with children and youth is not only a privilege, but also a serious responsibility that must be approached with utmost care. We are asking that you commit to the following actions while volunteering for your school.

I will. . .

- Cooperate with the staff of the school and gladly follow their direction.
- Model Christian behavior and language with care, kindness, and professionalism.
- Provide appropriate supervision at all times, never leaving unattended a student or group of students for whom I am responsible.
- Avoid all situations where I would be alone with one student. If impossible, I will ensure it is for brief periods of time and in a public place that others can easily access or see inside.
- Avoid physical contact with students. In emergency situations where touching may be necessary, I will ask the student for permission.
- Respect the privacy and honor the confidentiality of students, families and staff.
- Affirm student behavior with appropriate comments that cannot be misunderstood.
- Abstain from disciplining students but direct those situations to staff members.
- Avoid private communication with students via texting, social media, etc.
- Cooperate with the volunteer screening process as required by the school.
- Understand there is no payment nor employment relationship for services rendered.
- Understand my privilege to volunteer may be rescinded at any time by the school administrator.

I have read this document and agree to abide by the School Volunteer Commitment outlined above.

Printed Name

Signature

Date



REQUEST FOR LIVE SCAN SERVICE

(California Volunteer and Employee Criminal History Service)

Applicant Submission

AV490
ORI (Code assigned by DOJ)

VECHS/VOLUNTEER11105.3PC
Authorized Applicant Type

NCPA/VCA
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)

PO BOX 79990
Street Address or P.O. Box

JULIANA MOON
Contact Name (mandatory for all school submissions)

RIVERSIDE CA 92513
City State 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

Sex ☐ Male ☐ Female

Date of Birth Driver's License Number

Billing Number
(Agency Billing Number)

Misc. Number
(Other Identification Number)

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Address for Receiving Copy of Criminal History
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: Original ATI Number
(Must provide proof of rejection)

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



CaIVECHS WAIVER AGREEMENT FOR RELEASE OF CRIMINAL OFFENDER RECORD INFORMATION

Pursuant to the Penal Code section 11105.3 and the National Child Protection Act, as amended by the Volunteers for Children Act, this form must be completed and signed by every current or prospective applicant, employee, or volunteer, for whom criminal offender record information (CORI) is requested by a qualified agency under these laws.

I hereby authorize SOUTHEASTERN CALIFORNIA CONFERENCE OF S.D.A

Name of Qualified Agency

to submit a set of my fingerprints to the California Department of Justice for the purpose of accessing and reviewing state and federal CORI that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any state and federal CORI that may pertain to me to the qualified agency.

I understand that, until the CORI background check is completed, the qualified agency may choose to deny me unsupervised access to children, the elderly, the handicapped, or the mentally impaired. I further understand that if the information is the basis for an adverse decision, the qualified agency will expeditiously provide me a copy of the CORI background check report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

☐ Yes, I have (OR) ☐ No, I have not been convicted of or pled to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / Employee / Volunteer

Signature _____ Date _____

Printed Name _____

Address for receiving copy of criminal history _____

To Be Completed By Qualified Agency:

Agency Name SOUTHEASTERN CALIFORNIA CONFERENCE OF S.D.A

Address PO BOX 79990 RIVERSIDE, CA 92513

Telephone 951-509-2200

Note: This document must be retained by the qualified agency for audit purposes.

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 Birth: ____mo./ ____day/ ____yr.

Date of assessment and/or examination: ____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 Provider¹ 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):**

¹ HCP, 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

Mandated Reporter Training | Child Abuse | CA

Volunteers

2 hrs 2 Modules Multiple Languages

Volunteer Training provides an overview of the definitions, requirements and protections of the California Child Abuse & Neglect Reporting Act as it pertains to volunteers of youth service organizations and other entities that work with children. It satisfies the training requirement set forth under California Assembly Bill 506.

Mandated Reporter Training | Child Abuse | CA

(SB 848) Child Abuse Prevention Training for School Personnel

35 min 2 Modules English

The Child Abuse Prevention Training for School Personnel provides child abuse prevention information to help school personnel understand both the protective roles they play and the diverse communities they serve. Learners will acquire the knowledge to recognize grooming behaviors and maintain professional boundaries as well as the tools to implement protective school policies and respond appropriately to suspected abuse. This course was designed to satisfy the requirements of CA AB 1913. When taken as a supplement to the Mandated Reporter Training for School Personnel in California, it meets the requirements of CA SB 848.

In Partnership With: California Department of Social Services

TRANSPORTATION INFORMATION FOR VOLUNTEER CARS

For the School Year 20__ to 20__

For Field Trips Involving Students of _____
(Name of School)

Today's Date _____

Auto Make _____ Model _____ Year _____

Registration Number (License Plate) _____

California Driver's License Number _____

Number of passenger seat belts _____ *(Any child under the age of 6 weighing less than 60 lbs. must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.)*

Insurance Company _____ Policy# _____

Insurance Agent _____ Phone# _____

Insurance Coverage:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| ☐ | \$15,000/\$30,000/\$5,000 | California required minimum |
| ☐ | \$100,000/\$300,000/\$50,000 | Recommended |
| ☐ | \$250,000/\$500,000/\$50,000 | Strongly recommended |

Insurance effective dates from _____ to _____
(Attach copy of current coverage)

Driver _____

Car Owner's Signature _____ Date _____
(Owner's signature indicates approval and signifies that the above information is correct.)

Owner's Phone Number _____

Emergency contact:

_____	_____	_____
(Name)	(Relationship)	(Phone #)

DATE	DESTINATION	TEACHER/GRADE LEVEL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____