

Volunteer Frequently Asked Questions

- ❖ Who needs clearances?
 - Volunteers who interact with students, assist teachers in a classroom, assist with one-time events, accompany students on daily or overnight field trips, and plans to drive must obtain clearance.

- ❖ How do I receive clearance?
 - There are two types of volunteers needed: Field Trip and Extended volunteers. Each type of volunteer requires the following forms and documents to be completed for clearance:
 - **Field Trip: Basic/Drivers – Renewable every two years.**
 - School Volunteer Commitment Form
 - Background Check – **NEW!** Online registration required with Sterling Volunteers. An online training session is required (Note – training can take up to one hour).
 - Vehicle Transportation Information Form
 - ☐ Submit Current Auto Insurance Coverage and Driver’s License (must submit originals)

 - **Extended: Overnight/Drivers**
 - School Volunteer Commitment Form – renewable every two years.
 - Background Check – **NEW!** Online registration required with Sterling Volunteers every two years. An online training session is required (Note – Training can take up to one hour).
 - Vehicle Transportation Information Form – renewable every two years.
 - ☐ Submit Current Auto Insurance Coverage and Driver’s License (must submit originals).

 - Live Scan Form – (One-time) copy of Live Scan receipt is required. Live Scan locations available on LSA website.
 - Tuberculosis (TB) Screening Assessment Questionnaire – required every four years.
 - TB Test Form – required only if you answered “Yes” to any question on the TB Assessment Form every four years.

- ❖ How do I register with Sterling Volunteers for the Background Check?
 - Volunteers must register at www.ncsrisk.org/adventist. New users need to create an account as a first-time registrant and follow the online instructions. You will need to know the following to create your account:

Select the State in which your Conference, Program, or University is located: **CA – California**

Select your Conference, Program, or University: **Southeastern California Conference**

- ❖ How long does it take to receive clearance to volunteer?
 - Clearance can take up to **two weeks**. You must complete your online background check; submit the required school forms, and your payment prior to any field trip or school activity you plan to attend. The school office will receive notification once you are eligible to volunteer.

Thank You for volunteering!

Step 1: Go to www.ncsrisk.org/adventist and click on the first-time registrant button

Step 2: Select the state where your program is located and then select the conference.

CA – California and Southeastern California Conference

Step 3: Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name.



Please create a user id and password that you will use to access your account

Common names like Mary and John are not good choices as they are most likely already in use.
Common abbreviations like 'jsmith' and 'injones' are also likely to already be in use.
We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:

Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long.
Your password must be at least 8 characters long.
[Important note about selecting passwords](#)

Already have an account?

Step 4: Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

Step 5: Select your primary location where you work or volunteer and click continue. If you work or volunteer in another location, please select 'Yes' and then select the location. (your school name)



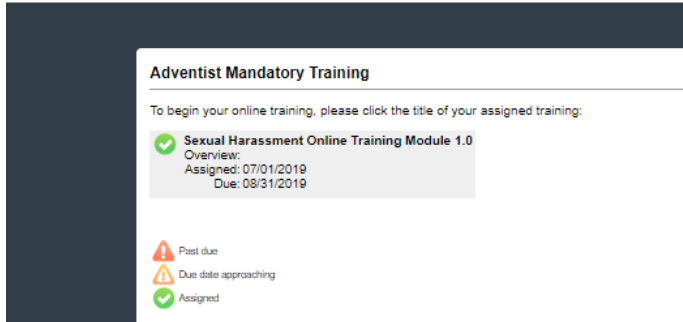
Please select the primary location where you work or volunteer.

Location:

If you are associated with multiple locations, please choose the primary (work) location first.
Then click the continue button to select additional locations such as those where you volunteer

Step 6: Select your role(s) within the organization (multiple may be selected). Ex: Driver or Coach (Volunteer)

Step 7: Click on the green circle to begin the online training. Upon completion, the last screen will allow you to print a certificate.



Additional Details:
Once the online training and the submission of your background check is completed, you can [login to your account](#) and click on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date. You can also access 'Update My Account' to update your personal information.

Step 8: Please read the instructions regarding the details of the online training and then proceed. Select 'Click Here' to begin the online training (Note: Training can take up to one hour)

Step 9: Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process.



For further assistance, volunteers can call 855-326-1860, option 3. Or email AdventistSupport@sterlingvolunteers.com. Support Team are open between 8:00AM – 8:00PM (EST), Mondays – Fridays.

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 _____

VEHICLE TRANSPORTATION INFORMATION – VOLUNTEER CARS

Today's Date _____

Driver's Name _____ (must be at least 25 years of age).

Driver's Phone No. _____

CA Driver's License No. _____

Auto Make (1) _____ Model _____ Year _____

Registration No. (License Plate) _____

Auto Make (2) _____ Model _____ Year _____

Registration No. (License Plate) _____

No. of Passenger Seat Belts _____ (Children must be secured by either a federally approved child passenger restraint system or a safety belt depending on their height and age. Go to www.dmv.ca.gov to view the current CA Driver Handbook – Occupant Protection requirements).

Insurance Company _____

Policy No. _____ Phone No. _____

Coverage Must Include: (Please check the box that applies to you.)

- | | |
|---|--|
| <input type="checkbox"/> \$15,000/\$30,000/\$5,000 | <u>California Minimum Requirement</u> |
| <input type="checkbox"/> \$100,000/\$300,000/\$50,000 | Recommended |
| <input type="checkbox"/> \$250,000/\$500,000/\$50,000 | Strongly Recommended |

Insurance effective dates from _____ to _____

(Attach copy of current coverage)

Emergency Contact Name _____

Relationship _____ Phone No. _____

The above information is true and correct. I understand that as a parent driver it is my responsibility to maintain insurance coverage and a valid driver's license throughout the school year. If there is any change in my insurance coverage or driving status, I will update this information.

Signature

Date



Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____

Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If no, continue with questions below.

If there is a “Yes” response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)



ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____

Date: _____

Date of Birth: _____

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.

Health Care Provider Signature

Please Print Health Care Provider Name Title

Office Address: Street City State Zip Code

Telephone Fax

TUBERCULIN TEST REPORT

Southeastern California Conference of SDA
P O Box 79990, Riverside, CA 92513
(951) 509-2307 or FAX (951) 509-2392

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

TUBERCULIN TEST

Mantoux Skin Test:

Date: _____

Positive ____ Negative ____

or

Chest X-Ray:

Date: _____

Positive ____ Negative ____

Physician's Name: _____ Date: _____

Address: _____ Phone: _____

Physician's Signature: _____

Completion of this form meets the State of California requirement for a test for tuberculosis. **Please return the completed form to:**

Kathi Christenson, Secretary
Southeastern California Conference
Office of Education, P O Box 79990, Riverside, CA 92513