VOLUNTEER

Your path to joining the LSA Team

Rev: Aug 6, 2026

Volunteers

Thank you for your interest in volunteering!
Your commitment and talents make a meaningful difference to our students and school. To ensure student safety and remain compliant with California State Law, all volunteers must complete a comprehensive clearance process. This process can take 1–3 weeks to finalize. We encourage you to begin immediately to ensure you are cleared in time for your event.

Who Needs Clearance?
Volunteers who have frequent or prolonged interaction with students, including but limited to:

- Chaperones for field trips or overnight trips.
- Coaches and assistant coaches.
- Regular weekly classroom or campus volunteers.

The Step-by-Step Process

1. Connect: Your event Sponsor (Teacher/Coach) will direct you to the Coordinator.
2. Live Scan: Complete this first! It is the longest step (1-3 weeks).
3. Certifications: Complete your online Mandated Reporter Trainings and TB Evaluation.
4. Driver Requirements: (Only if driving students) Gather DMV records and insurance.
5. One-Time Submission: Do not send forms individually. Gather all documents and email the complete packet to **Volunteer@lsak12.com.**

Note: Most clearances are valid for 1 year. You are responsible for renewing your packet before it expires to remain active on our volunteer list.

The Master Submission Checklist

Please attach this page to the front of your scanned email submission.

Name: _____ Date: _____

Email: _____ Phone #: _____

REQUIRED FOR ALL VOLUNTEERS

Part A: The Permanent Requirement *(One-Time Only)*

- ☐ Live Scan Background Check: Form BCIA 8016 (included in this packet).

Part B: The 1-Year Renewal Cycle *(Submit Together)*

- ☐ Form (BCIA 9018) : Consent to Background Check (included in this packet).
- ☐ Mandated Reporter Certificate: Official certificate from the online course **Volunteer Child Abuse Training** (fee applies).
- ☐ Mandated Reporter Certificate: Official certificate from the online course **School Personnel Child Abuse Training** (fee applies).
- ☐ Volunteer Commitment/Code of Conduct: Signed and dated (included in this packet).

Part C: The 4-Year Renewal Cycle *(Submit Together)*

- ☐ TB Evaluation: Proof of negative results/clearance from a medical professional. (included in this packet).
- ☐ Copy of Valid Photo ID: Driver's License or State ID.

Part D:Required for Drivers ONLY *(Optional)*

- ☐ DMV Driver History Record: Downloaded from the official DMV website.
- ☐ Vehicle Information Sheet: Completed and signed (included in this packet).
- ☐ Proof of Valid Insurance: (Must be updated every 6–12 months upon policy renewal).

OFFICE USE ONLY

Date Received: _____ **Processed By:** _____

FINAL STATUS: ☐ **CLEARED** ☐ **INCOMPLETE**

Notes:

How to Get Your Required Certifications

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

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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 “Browse Trainings”
    4. Select the “Child Abuse| CA" module, under Mandated Reporter Training Volunteers and again for School Personnel.
    5. Complete both of the courses and post-tests.
    6. **Important:** You must pay the required processing fee to receive the **Official Certificates**.
    7. **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:**
    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 DMV header.

Pro-Tip for Parents: *Use your phone to "Scan to PDF" (using the Notes app on iPhone or Google Drive on Android). This makes the documents much easier for the school office to read than a blurry photo!*

Final Checklist Check

Before hitting send to ***Volunteer@lsak12.com****, double-check:*

- ☐ *Is my ID current?*
- ☐ *Is my Insurance card valid for at least the next 30 days?*
- ☐ *Are all my certificates the* ***official*** *versions (not just "course completed" screens)?*

Mandated Reporter Training | Child Abuse | CA

Volunteers

2 hrs2 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.

Core Competencies

This training consists of nine lessons, concluding with scenarios to test your knowledge of the material. You will learn information, considerations, and scenarios unique to Volunteers as well as:

- The role of volunteers in preventing child abuse and neglect
- Different types of child abuse and neglect and how to recognize them
- How to identify the types of abuse children with disabilities may encounter and applicable laws
- How to report suspected or known child abuse
- The timeline of events that follow a report

Available Languages

English, Spanish

Convenient, Instant Certificate of Completion

Upon successful completion of the training, interoperable certificates are issued. The certificate is the permanent record of completing a training. Each certificate is unique, has built in validation, and stored on this platform in perpetuity. Certificates can be downloaded and printed on demand and shared with associated organizations that have accounts on this platform.

In Partnership With: California Department of Social Services

Mandated Reporter Training | Child Abuse | CA

(SB 848) Child Abuse Prevention Training for School Personnel

35 min2 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.

Core Competencies

This training consists of four lessons and concludes with a final exam to test your knowledge of the material. You will learn about how abuse occurs, how to identify and interrupt grooming, how to take action when concerns arise, as well as:

- Describe key responsibilities of school personnel under AB 1913
- Identify professional boundaries that help prevent abuse
- Recognize early signs of grooming behavior
- Understand the meaning of “reasonable suspicion”
- Take appropriate action when abuse is suspected
- Apply school policies that protect students
- Respond confidently even when unsure
- Promote a culture of safety in school settings

Available Languages

English

Convenient, Instant Certificate of Completion

Upon completion of this training, learners will gain instant access to a personalized certificate of completion. This certificate is easily migrated between jobs and employers and makes it convenient to provide proof that all training requirements have been fulfilled.

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
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

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)

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:
(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

CalVECHS 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 Provider[1] 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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____