

**CULVER CITY UNIFIED SCHOOL DISTRICT
PROSPECTIVE VOLUNTEER PACKET
AND PROCEDURES
Updated 4/10/2023**



*“Somewhere on this planet, someone has a solution to each of the world’s problems.
It might be one of us. With your help, we can build a more hopeful world.”
-Marianne Larned-*

Thank you for your interest in volunteering at Culver City Unified School District. Your unique talents and abilities are extremely valuable to us and we look forward to a rewarding and successful association. Culver City Unified School District is proud of the professional services we provide to our students, faculty and community members. We believe that our volunteers are a valuable asset and that each of you directly contributes to our continued success.

In order to sustain a safe sanctuary for our students, Culver City Unified School District requires that all prospective volunteers complete a Prospective Volunteer Profile and Authorization, a Hold Harmless Agreement, A Statement of Volunteer Confidentiality and Child Abuse Reporting. In addition and pursuant to District policy, California Education Code and Enacted Laws AB 1667, SB 792, and SB 1038, all individuals interested in volunteering must submit a Certificate of Completion of a Tuberculosis Risk Assessment and/or Examination as well as a criminal background check (fingerprinting) through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) depending on the level of volunteer service.

Let’s get started:

1. Complete the prospective volunteer packet, include your certificate of completion Tuberculosis Risk Assessment and/or Examination signed by your Health Care Provider and return it to the site secretary at the site you are interested in volunteering. The Risk Assessment Questionnaire is attached to this packet. Volunteer applications can be downloaded on line at www.ccusd.org (under the school site).

2. Fingerprinting & Background Check:

The site secretary will give you a LiveScan Request Form that you will take to a LiveScan facility for processing your fingerprints. We are excited to announce that the CCUSD Security Department is now processing LiveScan applications. Their office is located between the Middle School and High School at 4501 Elenda Street. Hours: Monday - Friday 8:30 AM - 3:00 PM. Evening Hours: Monday - Thursday 4:00 - 8:00 PM (by appointment only) ***Please call 310.842.4200 x3312 to ensure services are available prior to coming in.*** Make sure to keep one copy of your form for your records, and give one copy to your site secretary. There is no charge for processing your LiveScan application if you utilize our Security Department.

If you choose to utilize another LiveScan Facility, the fees are as follows: DOJ Fee is \$32.00 and DOJ and FBI is \$47.00.

3. Once you are cleared to volunteer, your site secretary will notify you of your clearance.

Welcome Aboard!

CULVER CITY UNIFIED SCHOOL DISTRICT
Prospective Volunteer Profile and Authorization

Section I: Personal Data

Name (First): _____ (M.I.) _____ (Last): _____

Address: _____ Apt.# _____
Street City ZIP

Phone: (H) _____ (W) _____ (Cell) _____ Email _____

Emergency Contact Name: _____ Relationship _____ Phone _____

Parent/Guardian (check here) Student's Name _____ Student's Name _____

Are you currently, or have you ever been an employee or substitute of the Culver City Unified School District?

Yes No If so, please provide the dates: _____

Applicant's Signature: _____ Date: _____

Section II – Volunteer Interest & Availability/Site Location

Please list site name(s) (ex. school site name, Youth Health Center, Family Center, etc) _____

Special Events Helper (ex. Young Storytellers, FFAST) _____

Area of Interest Part 1: (Non-teaching volunteer aides, parents who volunteer in a classroom or on a field trip, community volunteers providing non-instructional services are required to be fingerprinted through the Department of Justice - **\$32.00 fee**)

Please list any area(s) of interest (ex. Class Helper, Tutoring, Chaperone Field Trips, Story Telling, Other) _____

Are there any specific time periods you would prefer to volunteer (seasons, days, time, etc)? _____

Area of Interest Part 2: (Individuals who are working alone with students in school-sponsored activities ex: coaches, Spanish club leader, Chess Club leader, Band leader, cheerleading are required to be fingerprinted through both the Depart of Justice and the FBI - **\$47.00 fee**)

Coach (head coach, assistant coach, auxiliary coach, etc) _____ (please list)

Club Leader (Spanish, chess club, band, cheerleading, etc) _____ (please list)

Volunteer Driver (Middle School & High School only) – must complete District Use of Private Vehicle Request Form

Other (please list) _____

Are there any specific time periods you would prefer to volunteer (season, days, time, etc)? _____

Please return completed forms to your school's site secretary

To be completed by School Site Secretary/Administrator upon receipt.

I have attached a copy of this volunteer's TB Clearance to this application.

I have collected the required fee of \$32.00 (DOJ) or \$47.00 (DOJ & FBI) and entered it on the Volunteer Fee Log.

I have given the prospective volunteer the "Request For Livescan" form.

Secretary's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Fingerprint Clearance Date: _____ TB/CXR Clearance Expiration Date: _____

Orientation Date _____

CCUSD VOLUNTEER DISCLOSURE

The following persons may be disqualified from volunteering in Culver City Unified School District:

- 1. Anyone who makes a false statement on the volunteer paperwork or fails to disclose criminal convictions.
- 2. Anyone convicted of a felony committed within the previous seven years.
- 3. Anyone convicted of any crime against children or other persons.
- 4. Anyone convicted of committing or attempting to omit any crime of violence or crime of a sexual nature against a minor not listed above, regardless of whether the crime of conviction was a misdemeanor, gross misdemeanor, or felony, and regardless of when the crime was committed.

Please answer the following questions completely and sign the declaration.

- 1. Have you ever (at any time) been convicted of any crime including DUI or negligent driving? Yes No

If "Yes" please identify the offense(s), provide the date(s) of the convictions(s), the name of the court and the sentence imposed:

- 2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Department of Social and Health Services or the Department of Health that you have not challenged or appealed?
 Yes No

If "Yes" please identify the specific findings(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty imposed: _____

- 3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges? Yes No

If "Yes" please provide pertinent details to enable Culver City Unified School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status: _____

I hereby authorize and consent to Culver City Unified School District, its agents, officers and employees, to inquire into and undertake whatever background check of me that culver City Unified School District, in its sole discretion, deems appropriate to determine as a volunteer.

I understand the inquiry may include database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that Culver City Unified School district, as a public entity, is subject to the State Public Disclosure Act.

I release and hold harmless Culver City Unified School District; its agents, officers and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me.

I agree that if Culver City Unified School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the district decides, with or without cause not to retain me as a volunteer for whatever reason, Culver City Unified School District may, without notice or other process, reject my application to serve as a volunteer.

Applicant's Signature: _____ Date: _____



Culver City Unified School District
Administration Building 4034 Irving Place Culver City, CA 90232-2810
(310) 842-4220

Statement of Volunteer Confidentiality and Child Abuse Reporting

Before you begin your assignment as a volunteer, you must be aware of the laws and penalties of breaching confidentiality and reporting child abuse.

Confidentiality is the preservation of privileged information and records concerning a student, which may be disclosed in a working relationship. Part of what you learn may be necessary to provide services to a student; other information is shared within the development of a helping, trusting relationship. Therefore, information gained about a student is confidential and disclosure can make you legally liable. Disclosing confidential information can damage your relationship with the student, and make it difficult to help the student.

The following information should be treated as confidential:

- Student record information including academic work such as daily assignments, tests and grades for that work;
- Discipline information such as referrals, investigative materials and information one might pick up in and around the office;
- Any student information gained by working with students that could be considered student record or discipline information.

All records and information regarding students must be treated as confidential. Any questions you may receive both in and out of the school setting about students should be redirected to the specific teacher or school site. Refrain from sharing stories about students with whom you come in contact.

Violation of the California Statutes regarding confidentiality of records is punishable upon conviction by a fine, by imprisonment or in the county jail.

REPORTING CHILD ABUSE

As defined in California law, child abuse includes the following four categories:

Physical

Emotional

Neglect

Sexual

California law designates school employees and certain other professionals as mandatory reporters. Volunteers whose duties require direct contact with and supervision of children are not mandated reporters; however, the law encourages such volunteers to obtain training in the identification and reporting of child abuse and neglect and to report known or suspected incidences of child abuse or neglect. When there is reasonable cause to believe a student is being abused or a person has abused a student, volunteers are directed to report that information to a teacher or principal.

Please notify the school administrator immediately if:

- You hear students discussing issues that may be deemed dangerous to themselves or other students;
- You witness an act of bullying or harassment and you are the only adult in the room or area.

If you suspect abuse, or if a student reveals abuse, do not act shocked, but close the conversation as gracefully as possible and contact the school administrator or counselor as soon as possible.

My signature below certifies that I have read and understand the material above. I understand my duty to abide by the laws and policies regarding the preservation of confidential information.

Signature _____

Date _____

Printed Name _____

School _____

BOARD OF EDUCATION

Ms. Paula Amezola Dr. Kelly Kent Triston Ezidore Ms. Stephanie Loredo Mr. Brian Guerrero Dr. Steven Keller, Interim Superintendent

**CULVER CITY UNIFIED SCHOOL DISTRICT
ADULT VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY
HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION**

Date: _____

Name: _____ hereby requests participation in the following activity:

(Description of activity; please be specific)

I understand that this activity could cause serious illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as a Culver City Unified School District (District) volunteer in this activity, I acknowledge that the District does not provide property or medical coverage for volunteers for any death, bodily injury, personal injury, or illness, or insurance to cover any loss to property sustained during my course as a District volunteer. I agree to waive all claims against Culver City Unified School District and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employee or agents.

<input type="checkbox"/>	I have no special health needs the staff should be aware of, and no medication is required during this activity.
<input type="checkbox"/>	I have consulted with my physician and verify that I am medically fit to participate in this activity.

Signature

Name (Please Print)

Family Medical
Insurance Carrier: _____

Policy Number: _____

(e.g. Blue Cross, Kaiser, etc)

In the event of an emergency, please contact:

Name (Please Print)

Relationship

Home Phone: _____

Work Phone: _____



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).

California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



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):



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



What screening is required for someone who has a history of a positive TB test or TB disease at hire?

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 previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>