

**CULVER CITY UNIFIED SCHOOL DISTRICT  
PROSPECTIVE VOLUNTEER PACKET  
AND PROCEDURES  
Updated 10/10/2024**



*“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). **Please be sure that both boxes for DOJ and FBI are marked on the Livescan form.**

**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](http://www.ccusd.org) (under the school site).
2. **Fingerprinting & Background Check:** The site secretary will give you a CCUSD LiveScan Request Form that you will take to a LiveScan facility for processing your fingerprints. **You must use the CCUSD LiveScan Request Form or your prints will not be processed to our account and will need to be redone.**

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 - Thursday 8:30 AM - 3:00 PM and Friday - 8:30 AM - 12:00 PM

\*\*\*Please call 310.842.4200 x3312 to make an appointment prior to coming in. No Walk-ins\*\*\*

**The Security Department does not carry LiveScan forms. If you do not come to your appointment with your CCUSD Livescan Request Form, you will need to reschedule.** Be 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 volunteer application if you utilize our Security Department.

Please visit the Security Department LiveScan page for more details

[https://safety.ccusd.org/apps/pages/index.jsp?uREC\\_ID=1673516&type=d&pREC\\_ID=2399124](https://safety.ccusd.org/apps/pages/index.jsp?uREC_ID=1673516&type=d&pREC_ID=2399124)

If you choose to visit an LiveScan facility other than our Security Department for your volunteer livescan processing, you will need to pay the rolling fee directly to that facility as well as the \$32 or \$47 fee to CCUSD..

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 - **\$47.00 fee DOJ/FBI**)

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 \$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

Dr. Kelly Kent Triston Ezidore Ms. Stephanie Loredo Mr. Brian Guerrero Ms. Paula Amezola Dr. Brian Lucas, 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: \_\_\_\_\_