

UCHS VOLUNTEER CHECKLIST

- ☐ Complete and sign School Volunteer Application.
- ☐ Read and sign the Volunteer Code of Conduct.
- ☐ Submit a TB test with a negative result or complete the TB Risk Assessment Questionnaire.
- ☐ Provide a copy of your current Driver's License or ID card. You must attach a copy of your ID to your Volunteer Application.
- ☐ Provide proof of COVID-19 vaccination. You must attach a copy of your vaccination card to your Volunteer Application.
- ☐ Drivers/chaperones using private vehicles to transport students on field trips, or to and from sports and other school events, must adhere to and sign the Transportation to Field Trips and School Events Guidelines.
- ☐ Submit paperwork to the main office. The volunteer coordinator at the school site will process your application and conduct the appropriate screening and/or background check.

For questions about volunteering, please contact:
Tasha Forbes, UCHS Parent Support Liaison
(619) 605-2800 ext. 3020
UCHSVolunteers@sandi.net

PLEASE NOTE: District policy requires that all new and returning volunteers have a current volunteer application and proof of a negative TB test on file with the school. Volunteer applications must be completed each year. TB tests are valid for four (4) years. For the safety of our students it is important that the proper paperwork is on file for any volunteer who works with or has contact with our students. Thank you for understanding the importance of this requirement.

****Tuberculosis testing:** The San Diego Unified School District requires that all persons who work with children be tested and found to be free of tuberculosis. TB tests may be obtained from a private physician or the County Health Department. Clearance cards will be valid for four years from date of test.

SCHOOL YEAR: _____

SAN DIEGO UNIFIED SCHOOL DISTRICT SCHOOL VOLUNTEER APPLICATION

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____
(FIRST) (MIDDLE) (LAST)ADDRESS _____ DATE OF BIRTH _____
(STREET) (CITY) (ZIP) MO/DAY/YR

Gov Issued ID Type _____

HOME PHONE _____ E-MAIL _____ ID# _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer, _____ New _____ Returning

Are you also a volunteer at another SDUSD school? _____ YES _____ NO

If yes, please indicate the school(s): _____

Do you have any criminal charges pending against you? _____ YES _____ NO

Have you ever been convicted* of a felony or misdemeanor? _____ YES _____ NO

Have you ever been convicted* of a sex, drug or weapon related offense? _____ YES _____ NO

Are you required to register as a sex offender under Penal Code 290.95? _____ YES _____ NO

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: _____

I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask. _____ YES _____ NO

Parent Volunteers: Please check whether you plan to drive for a field trip during the school year, _____ YES _____ NO

Please list the name(s) of your child(ren): _____

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: _____ Date: _____

TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): _____

Volunteer category (check appropriate box and indicate date cleared):

☐ Category B ◆ Megan's Law database check - cleared _____☐ Category C ◆ SDUSD School Police background check - cleared _____☐ Category D ◆ Fingerprinting - cleared _____

Type of volunteer (check if appropriate):

<input type="checkbox"/> Parent	<input type="checkbox"/> OASIS Volunteer	<input type="checkbox"/> CalWORKS
<input type="checkbox"/> Community	<input type="checkbox"/> Rolling Reader/EAR	<input type="checkbox"/> Other _____
<input type="checkbox"/> Partner	<input type="checkbox"/> College Student	

Volunteer service ended (date): _____

Reason for leaving:

☐ Child no longer at school☐ Moved ☐ Illness☐ Employment ☐ Requested to Leave☐ Other: _____

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS



VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure# 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers. I also agree to submit proof of COVID-19 vaccination or a negative COVID-19 test weekly.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
13. I agree to follow ALL COVID-19 health and safety protocols, complete the daily screening requirements or ClearPass, and wear a face mask.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

Print Name

Signature

Date

Phone Number

Adult Tuberculosis (TB) Risk Assessment Questionnaire

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

Employee Name: _____ Employee ID Number: _____

Date of Birth: _____ Date of Risk Assessment: _____

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 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Close contact with someone with infectious TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Foreign-born person (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Traveler 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: _____

Adult Tuberculosis (TB) Risk Assessment Questionnaire Certificate of Completion

(Must be signed by the health care provider completing the risk assessment and/or examination)

The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature

Date

Health Care Provider Name

Physician License Number

Office Address: Street

City

State

Zip Code

Telephone

Fax



6949 Genesee Avenue, San Diego, CA 92122

**INSTRUCTIONS TO DRIVERS OF PRIVATE VEHICLES
TRANSPORTATION FOR FIELD TRIPS AND TO SCHOOL EVENTS**

Instructions for parents and students who use their cars or other vehicles to transport other students on field trips, or to and from school events:

1. Name _____ DL# _____ Exp. Date _____
2. *Check safety of the vehicle:* tires, brakes, lights, horn, suspension, etc. A safety check of the type conducted by the California Highway Patrol is recommended. The School Safety Division of the San Diego Police Department can also be of assistance.
3. *Check the adequacy of your liability insurance.* You are liable in the event of illness, accident, injury, or death resulting from such use of your vehicle. State law says that "all persons making any field trip or excursion shall have been deemed to have waived all claims against the district (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion" (Ed. Code 35330).
4. *Carry only the number of passengers for which your vehicle was designed. The number of occupants in a sedan, passenger vehicle, station wagon, or van, including the driver, may not exceed ten* (Ed. Code 39830). Each passenger is required to use a safety belt (Vehicle Code 27315).
5. *The number of occupants in a pickup or motortruck may not exceed more persons than can safely sit belted in the passenger compartment.* Motorhomes may not be used to transport students. Students are expressly forbidden to ride in the cargo area of pickups or motor-trucks whether or not these areas are enclosed by camper shells or other protective covering. (Ed. Code 39830).
6. *Travel caravan style if more than one vehicle is used for the trip.*

I certify that the above information is correct. I have adequate insurance and my vehicle is properly maintained.

Signature

Cell#

UNIVERSITY CITY HIGH SCHOOL 6949 Genesee Ave, 92122 www.universitycityhigh.org

The mission of University City High School is to educate students to become productive and responsible citizens, who realize their full potential through life long learning.



San Diego Unified School District

REQUEST TO CONDUCT VOLUNTEER SCREENING

(Please check the appropriate request)

This form **MUST** be signed
by School Principal.

- ☐ **CATEGORY C – CRIMINAL BACKGROUND CHECK**
☐ **RETURNING CATEGORY D VOLUNTEER - CRIMINAL BACKGROUND CHECK**
☐ **CATEGORY D VOLUNTEER - FINGERPRINT**

Date: _____ Requesting School: _____ Loc Number: _____

Volunteer Name: _____
First Name Full Middle Name Last Name

List any other names used in the past: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone: _____
Month Day Year

Driver's license #: _____ State issued: _____

Other Gov. Issued ID type (if no driver's license): _____ ID # _____

(Please note: By recommendation from the Department of Justice, Mexico identification and voter registration cards may not be used to conduct background checks or fingerprinting. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.)

Please indicate whether you are a **new** or **returning** volunteer: ☐ New ☐ Returning

Are you a volunteer at another SDUSD school? ☐ YES ☐ NO

If yes, please list the school(s): _____

Parents: please list the name(s) of your student(s): _____

Please check volunteer activity: ☐ On-site tutor outside of classroom (Cat C) ☐ Overnight field trip chaperone (CatD)
☐ Walk-on coach/Athletic Support (Cat D) ☐ Other _____

Are you being **compensated** for your services? ☐ YES ☐ NO

Principal acknowledges hiring of individual above at their site.

Principal's Signature: _____ Date: _____

For SDUSD School Police Services office use only:

☐ **Ok to volunteer** ☐ **Deny as volunteer**

By: _____ Date: _____
SDUSD School Police Services

School volunteer coordinators: Please check that form is complete. Incomplete forms will be returned to the school.

CATEGORY C VOLUNTEER BACKGROUND REQUEST:

Send completed form to:

jobs@sandi.net

CATEGORY D VOLUNTEER FINGERPRINT REQUEST:

Email jobs@sandi.net for information related to category D volunteers. The District does not provide Live Scan/Fingerprinting services for Volunteers at this time. Please email jobs@sandi.net for information on Live Scan/Fingerprinting locations and fees for Volunteers.

Results will **normally** be returned to the school site volunteer coordinator within **2 weeks** of the date of fingerprinting. Please Note: poor quality fingerprints or the need to research information on an applicant's background may result in a delay of results from the Department of Justice.



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: CA0372100 Type of Applicant: ☒ Classified School Employee ☐ Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☐ Volunteer

Type of License/Certification/Permit OR Working Title: Volunteer

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Diego Unified School District
Agency Authorized to Receive Criminal Record Information
4100 Normal Street
Street Address or P.O. Box
San Diego CA 92103
City State ZIP Code

03257
Mail Code (five-digit code assigned by DOJ)
Human Resources/ LiveScan
Contact Name (mandatory for all school submissions)
(619) 725-8089
Contact Telephone Number

Applicant Information:

Last Name
Other Name
(AKA or Alias) Last
Date of Birth Sex ☐ Male ☐ Female
Height Weight Eye Color Hair Color
Place of Birth (State or Country) Social Security Number
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix
First Suffix
Driver's License Number
Billing Number
(Agency Billing Number)
Misc. Number
(Other Identification Number)
City State ZIP Code

Your Number: N/A
(OCA Number (Agency Identifying Number))

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator
Transmitting Agency LSID

Date
ATI Number Amount Collected/Billed