San Diego Unified
SCHOOL DISTRICT

Human Resource Services Division

2026-27 NEW VOLUNTEER WALK- ON COACH PROCESSING CHECKLIST

Please review and comply with the District's Volunteer Program Guidelines for Category D Volunteers.

SDUSD Volunteer Information Website

Volunteer Requirements

Complete School Volunteer Application, included in this packet.

You must be 21 years old or older to coach.

Tuberculosis (TB) Test Results- A TB skin test or TB Risk Assessment Questionnaire needs to be performed and a Certificate of Completion needs to be provided once the Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or School Nurse performing the examination determines that the individual is free from TB. (Note: TB clearance must be renewed every 4 years as a condition to volunteer); TB clearance must be ISSUED WITHIN 60 DAYS PRIOR TO YOUR START DATE.

Government Issued ID- (Non-Expired Driver's License, Military)

Fingerprints- You must be fingerprinted for SDUSD, even if you have printed for another agency or district. **You CANNOT volunteer/be on the field until fingerprints clear.** Please email jobs@sandi.net to check clearance status.

Mandated Reporter Training- Child Abuse and Neglect Course (annual training)

New users: https://sdusdvolunteer-ca.safeschools.com/register/26b4e257
Registered users: https://sdusdvolunteer-ca.safeschools.com

Required Certificates for all coaches, valid for 2 years.

Coaching Education Class
Adult and Pediatric First Aid/CPR/AED card
Sudden Cardiac Arrest
Concussion in Sports
Heat Illness Prevention

Additional Required Certificate for Cheer coaches only- Cheer and Dance Safety Certification*- lifetime certificate*

All certificates are to be uploaded via coachesclearance.com.

INTRODUCTION TO

Volunteering in SDUSD

The following information and resources are provided to assist you in the informing and onboarding new and returning volunteers on your campus.

The San Diego Unified School District has approximately 27,000 volunteers working in the district. It is because of the sincere commitment of our site volunteer coordinators that we can facilitate a program of such quality and magnitude. Your leadership allows community volunteers to share their talents and expertise by participating in a myriad of school activities designed to enhance the educational experiences of all students. We appreciate your efforts that nurture the rich relationships between our schools and communities.

ADMINISTRATIVE REGULATION (AR) 1240:

AR 1240 Volunteer Assistance includes information on the purpose, responsibilities, and implementation of the school volunteer program.

SCHOOL VOLUNTEER PROGRAM FORMS:

Volunteer forms that coincide with AR 1240 for the 2025-2026 school year are both attached to this memo and available for download on the Family Engagement website at SDUSDFamilies.org. The Volunteer Application Form is currently available in both English and Spanish (we may request additional languages through our translation department based on demand. School sites are encouraged to use the volunteer sign-in sheet provided as it includes a criminal disclosure statement.

For more information or with questions, contact the Family Engagement Department at (619) 293-4431

Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in.

-Marjorie Moore

CATEGORY D VOLUNTEERS

DEFINITION

Volunteers with **unrestricted exposure**, who work with children and may be unsupervised by district staff. This volunteer likely will have direct and unsupervised interaction with children.

Conditions typically include an off-campus setting and unsupervised solitary time. Returning Category D volunteers do NOT need to be fingerprinted annually, but must request a criminal background check annually to keep this clearance current

TYPES OF ACTIVITIES

- Overnight Field Trip Chaperone
- Walk-on Coach
- High School Athletics Personnel
- Off-site Tutoring or Mentoring
- Field Trip Chaperones who Drive Students

REQUIREMENTS

Be sponsored or approved by a school site or district employee

- **Government-issued photo ID** for NEW Category D volunteers (license, passport, military ID, US/other gov't ID)
- **U.S. State-Issued photo ID** for RETURNING Category D Volunteers

School Volunteer Application and **Code of Conduct**

Fingerprints for both state and national databases

Tuberculosis clearance card or TB Risk Assessment Form

Sign in on the **Volunteer Sign-in Sheet** in the main office, which includes a criminal disclosure

Upon approval, be required to display a **volunteer identification badge**

CATEGORY D REQUIRED DOCUMENTATION

- Current Government-issued Photo ID (New Category D Volunteers)
- Current U.S. State ID or Driver's License (Returning Category D Volunteers)

School Volunteer Application	English	Spanish
Volunteer Code of Conduct	English	Spanish
Request to Conduct Volunteer Screening	Livescan Criminal Background	
TB risk Assessment Questionnaire		

CATEGORY D

1. Volunteer completes & signs **School Volunteer Application.** Coordinator completes bottom
2. Volunteer reviews & signs **Volunteer Code of Conduct**
3. Site Volunteer Coordinator collects the **TB Risk Assessment Questionnaire**

NEW CATEGORY D

4. Volunteers complete the **Request to Conduct Volunteer Screening Form**
   - Select *"Category D"* at the top of this form
   - Make sure to check *"Yes"* or *"No"* for the compensation question
5. Site Volunteer Coordinator provides volunteer with the **Request for LiveScan Service (BCIA 8016A) Form**
   - This requires some form of current DOJ-approved government-issued photo identification)
6. Site Volunteer Coordinator provides volunteer with **List of LiveScan Locations**
   - This is a recommended list. Any location is acceptable as long as the location is in CA and the location does both DOJ & FBI
7. The volunteer takes the **Request for LiveScan Service (BCIA 8016A) Form** to have the LiveScan completed and receives an Applicant Transaction Number (ATI#) on their BCIA 8016A Form
8. The volunteer brings back the forms back to the school site; The site reviews all forms to ensure they have all the completed documents.
9. Site Volunteer Coordinator completes the **Volunteer Background Check Google Form**, which requires:
   - ATI# (found on the BCIA 8016A Form)
   - UPLOAD the signed **Request to Conduct Volunteer Screening**
   - UPLOAD some form of government-issued ID

RETURNING CATEGORY D

A "returning" Category D volunteer is classified as a person who has previously obtained a LiveScan clearance and been accepted as a volunteer in SDUSD and has not had more than a one (1) year break in their volunteer service.

If there has been a break in volunteer service of greater than one (1) year, the volunteer will complete the "New Category D" process.

4. Category D volunteers whose fingerprints have previously cleared under Category D will submit the **Request to Conduct Volunteer Screening Form**
   - Select *"Returning Category D Volunteer"* to keep the fingerprint clearance current.
   - This requires a current U.S. identification or driver's license, which is the only way School Police Services can run a background check on the SDLAW & NCIS databases
5. Site Volunteer Coordinator completes the **Volunteer Background Check Google Form**, which requires:
   - State ID or driver's license #
   - UPLOAD the signed **Request to Conduct Volunteer Screening Form**
   - UPLOAD a copy of the State ID or driver's license

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VOLUNTEER CODE OF CONDUCT

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 all COVID 19 health and safety protocols as established by the school sites.

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.

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

_____ _____

Print Name Signature

_____ _____

Date Phone Number

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SCHOOL DISTRICT

SCHOOL VOLUNTEER APPLICATION

DATE _____ DISTRICT SPONSOR _____ SCHOOL _____

FULL NAME _____ SCHOOL YEAR: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ DATE OF BIRTH ____/____/____
(STREET) (CITY) (ZIP) MO/ DAY/ YR

HOME PHONE _____ E-MAIL _____

ID #_____ TYPE OF ID _____

NOTIFY IN CASE OF EMERGENCY _____
(NAME) (PHONE)

CURRENT EMPLOYMENT _____
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE _____

PERSONAL REFERENCE _____
(NAME) (PHONE)

Are you 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
If "yes," please explain:	
Please indicate whether you plan to drive for a field trip	☐ Yes ☐ No
Please list the name(s) of your child(ren):	

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

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SCHOOL VOLUNTEER APPLICATION

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

☐ Category B	☐ Megan's Law database check cleared	Date:
☐ Category C	☐ SDUSD School Police background check cleared	Date:
☐ Category D	☐ Livescan Fingerprinting cleared	Date:

Type of volunteer (check if appropriate):

____Parent ____OASIS Volunteer ____Community ____RollingReader/EAR ____ CalWORKS

____Partner ____College Student ____Other

Volunteer Service Ended (date) : _____
Reason for Leaving:

____Child no longer at school ____ Moved ____Illness ____ Employment ____ Requested to Leave ____ Other

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

Revised September 2025

San Diego Unified SCHOOL DISTRICT

REQUEST TO CONDUCT VOLUNTEER SCREENING

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

DATE _____ REQUESTING SCHOOL _____ LOCATION # _____

VOLUNTEER NAME _____
(FIRST) (MIDDLE) (LAST)

LIST ANY OTHER NAMES USED IN THE PAST: _____

ADDRESS _____
(STREET) (CITY) (ZIP)

DATE OF BIRTH _____/_____/_____ PHONE NUMBER _____
MO / DAY / YR

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.

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

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

Are you being compensated for your services? ☐ Yes ☐ No

Principal acknowledges accepting the individual above as a volunteer at their site			
Principal's Signature:		Date:	

For SDUSD School Police Services office use only:

☐ OK to volunteer		☐ Deny as volunteer	
Signature		Date:	

School-site volunteer coordinator: SUBMIT COMPLETED FORM & REQUIRED DOCUMENTATION HERE. Please check that this form is complete. Incomplete forms will be returned to school.

Results **normally** returned to the school site volunteer coordinator within 2 weeks of the date of fingerprinting; however not guaranteed

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.

Employee Name: _____ **Employee ID**: _____

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. The Certificate of Completion (below) should be completed after screening is completed.

Certificate of Completion

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.

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.

Assessment Date: _____

Health Care Provider completing assessment or examination signature: _____

Please print, place label or stamp with Health Care Provider name and address (include number, street, city, state and zip code):

Please return to the Human Resources Division: 4100 Normal St., Room 1241 San Diego, CA 92103: tb@sandi.net: Questions: 619-725-8089

Volunteer Live Scan Locations

We are grateful for your dedication to serving our students and community!

Please carefully review this information sheet to schedule your fingerprinting appointment with a local vendor. You cannot begin volunteering until your fingerprints have cleared and you have received positive confirmation. At this time the San Diego Unified School District is not conducting live scan background checks (Category D) for volunteers.

Before you go:

- ***Volunteers are required to pay BOTH fees to the fingerprint operator (rolling fees) and the state and federal fees.*** When you make your appointment with a local vendor, please also confirm the acceptable forms of payment.
- Government fees are required for the State (DOJ) and Federal (FBI) level criminal history record checks. Additional fees may also be required (e.g., license or certification fees). For a list of current fee charges, please go to Applicant Fingerprint Processing Fees
- Rolling fees vary from location to location and cover only the operator's cost for rolling the fingerprint images. ***Your total fees may range and can possibly start around $80 and beyond, varies per location.***
- Applicants must present valid photo identification to the Live Scan Operator. Expired identification will not be accepted.
- You must present San Diego Unified School District's *Request for Live Scan Service (Public Schools or Joint Powers Agencies)* to the Live Scan Operator at the time of your appointment; if you forget the form, they will not be able to process your fingerprinting appointment.
- Below is a list of confirmed locations however if you find a more suitable location that **conducts both DOJ and FBI** background checks, you are not limited to the locations below.

Please remember to check location for hours of operation and allowed payment methods.

Mail & Parcels Plus
4364 Bonita Rd.
Bonita, CA 91902
619.470.4008
mppbonita@aol.com

Postal Annex #188
2220 Otay Lakes Rd. # 502
Chula Vista, CA 91915
619.656.8484
https://www.postalannex.com/location/chula-vista/188

Certifix Live Scan: The UPS Store
6965 El Camino Real #105
Carlsbad, CA 92009
760.666.3419
info@certifixlivescan.com

Affordable Livescan- inside Farmers Insurance
4238 El Cajon Blvd
San Diego, CA 92105
619.888.0288
affordablelivescan@yahoo.com

Certifix Live Scan: The UPS Store
11835 Carmel Mountain Rd. #1304
San Diego, CA 92128
858.3048219
info@certifixlivescan.com

Alive Scan
2707 Garnet Ave. # 3
San Diego, CA 92109
858.349.0204
info@alivescan.com

AS Livescan & Notary Services South
807 Anchorage Pl. # 1
Chula Vista, CA 91914
619.348.3125
southbay@adlivescan.com

San Diego Livescan
8900 Grossmont Blvd. Suite 4-2
La Mesa, CA 91941
619.597.6657
sdlivescan@gmail.com

San Diego Livescan
9590 Chesapeake Dr. # 122
San Diego, CA 92123
619.627.7047
sdlivescan@gmail.com

STATE OF CALIFORNIA
BCIA 8016A
(Rev. 03/2024)

Print Form | Reset Form

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

Applicant Submission

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

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 Site Name:
(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
03257 — Mail Code (five-digit code assigned by DOJ)
4100 Normal Street — Street Address or P.O. Box
Human Resources/Live Scan — Contact Name (mandatory for all school submissions)
San Diego — City; CA — State; 92103 — ZIP Code
6197258089 — Contact Telephone Number

Applicant Information:

Last Name; First Name; Middle Initial; Suffix

Other Name: (AKA or Alias)

Last; First; Suffix

Date of Birth; Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified; 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)

Home Address — 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: 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; Date

Transmitting Agency; LSID; ATI Number; Amount Collected/Billed