

Dear Bantastic Volunteer,



Thank you so much for wanting to be a volunteer at our school this year. You help us create an environment that helps all students thrive. As you know, student safety is our number one priority. As a result, the district has formalized the process. Attached are the forms you will need to complete in order to volunteer at our school for up to 10 hours per month with students. In addition to these forms and TB clearance (good for 4 years), you will need to provide the office with a copy of your photo identification.

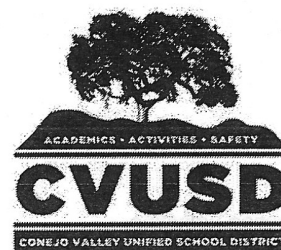
If you believe that you will be working with students more than 10 hours per month there are additional clearances, so please check in with the office about this so that we can inform you about the process and get you started.

Thank you again for helping enrich our school environment by donating your valuable time and support to our school!

Sincerely,

Allison Kennedy

Jeanne Valentine
Assistant Superintendent



MEMORANDUM

To: **VOLUNTEER**

Subject: Tuberculosis (PPD) Risk Assessment

In accordance with California Education Code Section 49406, and Health and Safety Code Sections 121525-121555, the Conejo Valley Unified School District requires that persons be examined to determine if he/she is free of active Tuberculosis, no more than sixty (60) days prior to volunteering. The examination consists of a TB Risk Assessment Questionnaire certified by a health care provider, and if necessary, an intradermal Mantoux Tuberculin Skin Test (TST), which if positive (10mm or more), must be followed by a chest X-ray. If you had a positive reaction to a prior skin test, proceed with a chest X-ray.

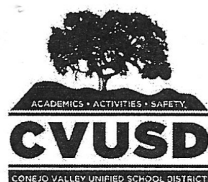
In the case of pregnancy and an intradermal TST that is positive, an X-ray examination may be delayed until after delivery, upon request of the volunteer's physician. In the interim, the physician must certify that the volunteer shows no symptoms of Tuberculosis and to the best of his/her professional judgment, presents no health hazard to students.

The Tuberculosis Risk Assessment can be obtained at your cost by presenting the attached form to the medical office of your choice or to any local urgent care facility. Your own physician or any other health agency may provide proof of a current Tuberculosis clearance.

It will be your responsibility to return the Tuberculosis (PPD) Risk Assessment, once it is completed, to the school office where you plan to volunteer. This assessment is good for four years, so you may want to make a copy for yourself.

THE TUBERCULOSIS RISK ASSESSMENT MUST BE COMPLETED BEFORE VOLUNTEERING.

FAILURE TO COMPLY WILL RESULT IN THE SCHOOL DISTRICT NOT BEING ABLE TO ACCEPT YOUR OFFER OF VOLUNTEER SERVICES.



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
1400 E. Janss Road, Thousand Oaks, California 91362
Telephone (805) 497-9511 • FAX (805) 494-3741

Student's Last Name First Name Grade

VOLUNTEER REGISTRATION AUTHORIZATION

DIRECTIONS: Check mark below the volunteer level that best describes your intended volunteer service to CVUSD.

*Be sure to reference the **District Volunteer Requirement Guide** for clearance steps applicable to each level.

<input type="checkbox"/> Level 1 Limited student contact <u>under the direct supervision of a certificated staff member</u> AND/OR assignment does not involve student contact but is recurring less than ten (10) hours a month	<input type="checkbox"/> Level 2 Limited/short-spanned unsupervised contact with students while driving.	<input type="checkbox"/> Level 3 Recurring/weekly student contact <u>under the supervision of a certificated staff member</u> more than ten (10) hours a month	<input type="checkbox"/> Level 4 Recurring service with <u>possible unsupervised direct contact</u> with students while under the direction of a certificated staff member
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GENERAL PERSONAL INFORMATION

Last Name	First Name	Volunteer Location (School/Department)	
Street Address	City	State	Zip Code
Best Contact Phone #: () -		<input type="checkbox"/> Cell <input type="checkbox"/> Home	Email:

BACKGROUND QUESTIONNAIRE - PLEASE RESPOND TO ALL QUESTIONS

- Please check whether you are a new or returning CVUSD volunteer.
☐ New ☐ Returning
- Are you also a volunteer at another CVUSD school?
☐ YES ☐ NO
If yes, please indicate the school(s):
- Are you presently employed by CVUSD in any capacity?
☐ YES ☐ NO
- Do you have any criminal charges pending against you?
☐ YES ☐ NO
- Have you ever been convicted* of a felony or misdemeanor?
☐ YES ☐ NO
- Are you required to register as a sex offender under Penal Code 290.95?
☐ YES ☐ NO
- Have you ever been convicted* of a sex, drug or weapon related offense?
☐ 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:
- 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):

VOLUNTEER ACKNOWLEDGMENT

Your volunteer registration will be processed in accord with clearance requirements established for each volunteer level. 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 understand that any costs associated with obtaining clearance will be at my expense and non-reimbursable, including but not limited to TB, fingerprints and immunizations, if required. *Immunization records are required for Preschool volunteers for influenza (optional), pertussis and measles.*

If requested, I will provide professional and/or personal references for purposes of a reference check. I will hold the District harmless and any individuals providing the district with information that may impact my volunteer clearance. 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", as well as the "Confidentiality of Student Information." I will NOT serve in a volunteer capacity until I am cleared.

Volunteer Signature _____

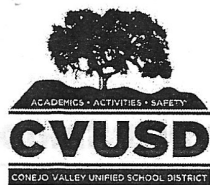
Date: _____

ADMINISTRATIVE USE ONLY— VOLUNTEER CLEARANCE

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Level 1 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law |
| <input type="checkbox"/> Level 2 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law <input type="checkbox"/> TB <input type="checkbox"/> DMV H6 Report <input type="checkbox"/> DMV Release/Pull Notice |
| | <input type="checkbox"/> Auto Ins. Policy Declaration | <input type="checkbox"/> Acknowledgement of receipt "Instructions for Transporting CVUSD students" | |
| <input type="checkbox"/> Level 3 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law <input type="checkbox"/> TB <input type="checkbox"/> Fingerprints |
| <input type="checkbox"/> Level 4 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law <input type="checkbox"/> TB <input type="checkbox"/> Fingerprints <input type="checkbox"/> Mandated Reporter |

Principal/Designee Signature _____

Date Approved: _____



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Student's Last Name First Name Grade

VOLUNTEER CODE OF CONDUCT

The Conejo Valley Unified School District greatly values volunteer service, and the partnership of enhancing our students' educational experience.

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

- Upon arrival, I will provide official identification, sign in at the front office and wear/show volunteer identification as required by the school.
- I will go directly to my classroom, will not "drop by" other classrooms on my way to and from the office, as this may disrupt instruction.
- I will follow the directives given by the teachers and or principal designee.
- I am in the classroom to support the teacher.
- I will treat each student the same, I understand this is not a time to visit with my child.
- I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
- I will follow rules and code of conduct including dress code for the school.
- I will encourage children to address me and any other adult on campus by our last names.
- I will turn my cell phones off or on vibrate and will step out of the classroom to answer.
- I will respect privacy of the teacher's mailboxes.
- I will not stay in a classroom if the teacher has left (during recess/lunch).
- I will use only the adult bathroom facilities.
- I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
- I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administration.
- I will not initiate unauthorized taking of or disseminating of student photographs or personal information about students, self or others.
- I will not solicit outside contact with students such as exchanging telephone numbers, home addresses, e-mail or other home directory information with students for any other purpose.
- I agree not to transport students without the written permission of parents or guardians or without expressed permission of the school or district. I will only transport students if I have completed the Level 2 clearance requirements.
- I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
- I agree to report to the appropriate school site/district personnel when a student is in danger of hurting him/herself or others or being hurt by someone else.
- I will sign out when I leave, so the PTA/PTSA/PFA can log my valuable volunteer hours.

CONFIDENTIALITY OF STUDENT INFORMATION

Thank you for volunteering at our site. Your assistance is extremely important and valued by our staff. In this role you are required to ensure that student information is kept confidential at all times. Only certain individuals, such as the principal or school nurse, are authorized to release, discuss or review information regarding students. The laws of confidentiality were developed to protect each person's rights to privacy, both student and guardian alike. After reading the following, please sign below that you will follow the rules of confidentiality of student information:

- ❖ Refer all inquiries for student information to the principal or his/her designee, whether requested in writing, by phone, or in person.
- ❖ Regardless of where student information is found (on desk tops, in the computer, in file cabinets, or the health office), do not view, remove or discuss.
- ❖ Refrain from scoring, assessing, grading and recording student classwork, homework, quizzes and tests.

EXAMPLES OF STUDENT INFORMATION INCLUDE: *enrollment information; attendance information; health information; parent concerns; grades; student test data; teacher written/spoken comments.*

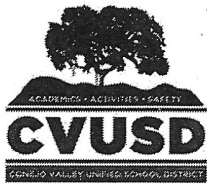
I have read the information above and understand my responsibilities about the Volunteer Code of Conduct and Confidentiality of Student Information. I understand I am not to score, grade, view, release, remove or discuss any student information.

By signing this, I agree to follow these rules and to refer any questions about confidentiality to the principal or his/her designees. Failure to maintain strict confidentiality standards may result in the loss of volunteer privileges. Once all necessary clearances are obtained, the site will advise me of my effective date.

I agree to follow the District Volunteer Code of Conduct at all times. I understand that failure to follow the Volunteer Code of Conduct could result in a restriction of my volunteer time.

Volunteer Signature

Date



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Student's Last Name First Name Grade

ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

This form is mandatory to satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555.). Must be reviewed by a *licensed health care provider* (physician, physician assistant, nurse practitioner, registered nurse) prior to issuance of TB Clearance Certificate.

Volunteer Legal Name _____

LAST

FIRST

MIDDLE

Social Security # XXX-XX-____

Date of Birth _____

Employment Type:

☐ Classified

☐ Certificated

☐ Volunteer

HISTORY OF POSITIVE TB TEST OR TB DISEASE:

YES ☐ NO ☐

If yes, you need to submit to a symptom review and a chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If no, respond to the risk factor questions 1—5.

RISK FACTOR QUESTIONS

YES / NO

1. **One or more signs and symptoms of TB** (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue). Yes ☐ No ☐

Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.

2. **Close contact with someone with infectious TB disease** Yes ☐ No ☐

3. **Birth in high TB prevalence country** (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.) Yes ☐ No ☐

4. **Travel 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.) Yes ☐ No ☐

5. **Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter** Yes ☐ No ☐

⇒ If there is a "Yes" response to any of the questions 1-5 above, 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.

⇒ *Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

I hereby submit this TB Risk Assessment Questionnaire for review on _____ (date), and certify that my responses are truthful to the best of my knowledge.

Signature

Date

AUTHORIZED HEALTH CARE PROVIDER CERTIFICATION

☐ DOES NOT HAVE TB RISK FACTORS

☐ REFERRED FOR TB SKIN TEST TB test administered on _____ ☐ Negative ☐ Positive

☐ REFERRED FOR CHEST X-RAY / FOLLOW-UP EXAM

Health Care Provider Name _____

License No _____

Health Care Provider Signature _____

Date _____