



# KINGSBURG

## ELEMENTARY CHARTER SCHOOL DISTRICT

WESLEY SEVER, ED. D.  
Superintendent  
MATT STOVALL  
Assistant Superintendent  
BOBBY RODRIGUEZ  
Chief Business Official  
CAROL BRAY  
Director, Human Resources  
ERIN PASILLAS  
Director, Special Education,  
Student Services

September 21, 2022

To: Parent Volunteers  
From: Maria Gutierrez, District Office Secretary  
Re: Volunteer Application

Thank you for spending time in your child's classroom and participating in other activities in the Kingsburg Elementary Charter School District. It makes a difference not only for your child, but for the district as well.

Please take time to make sure the volunteer form is completely filled out and submitted with TB test results attached. It helps to expedite the processing of your application.

We now accept the attached Adult Tuberculosis (TB) Risk Assessment Questionnaire and Certificate of Completion signed by your health care provider if you wish to submit the questionnaire and certificate **instead** of a TB test.

You may submit the Volunteer/Chaperone Form and TB Test/Risk Assessment Questionnaire to your child's school office or to the District Office, located at 1310 Stroud Ave.

Thank you for your time and your active participation in your child's education. We hope you and your child have a great school year!



**KINGSBURG ELEMENTARY CHARTER SCHOOL DISTRICT  
SCHOOL VOLUNTEER/CHAPERONE APPLICATION FORM**

\_\_\_\_\_  
 Last Name *(Please Print)*      First Name      Middle Name

\_\_\_\_\_  
 Address/City/Zip

\_\_\_\_\_  
 Email Address *(For Clearance Confirmation)*

\_\_\_\_\_  
 Home Phone      Business or Cell Phone

\_\_\_\_\_  
 Driver's License No. & State      DOB

Have you ever been convicted of a felony or a misdemeanor?  Yes  No If yes, please explain when, where, and disposition of the case(s). A conviction may not necessarily disqualify you from serving in our district.

\_\_\_\_\_

Education Code 35021 provides that a person who is required to register as a sex offender pursuant to Penal Code Section 290 shall not serve as a volunteer in the classroom or as a chaperone for a field trip or other school activity.

Will your volunteer activities involve contact with children?  Yes  No If yes, would you volunteer:  
 10 days or more per month in school? (Fingerprints-\$69 Fee)  less than 10 days per month in school?  field trip chaperone?  
 Preference of volunteer activity: \_\_\_\_\_

What age group do you prefer? \_\_\_\_\_

Please list any specific skills, hobbies, talents, or other resources available for volunteer activities: \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Date	Checked By	
_____	_____	Volunteer application completed and signed
_____	_____	TB Test Verification or Risk Assessment Questionnaire/X-Ray (may be submitted within 1 year of test date) The Superintendent or designee may exempt from tuberculosis testing requirements those volunteers who currently serve in another school district and have a current TB test verification. (EC 49406)
_____	_____	Megan's Law clearance
_____	_____	Fingerprints scheduled at District Office (if serving 10 days or more per month) or as requested by the District.
_____	_____	Fingerprints – cleared

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MARIA GUTIERREZ  
 AT THE DISTRICT OFFICE AT 897-2331 OR [mgutierrez@kesd.org](mailto:mgutierrez@kesd.org)  
 Please read page on reverse side and sign statement**

List names of children for whom you will be volunteering:			
<u>Last Name</u>	<u>First Name</u>	<u>Grade</u>	<u>Teacher</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**KINGSBURG ELEMENTARY CHARTER SCHOOL DISTRICT**  
**SCHOOL VOLUNTEER/CHAPERONE APPLICATION FORM**  
**EXPECTATIONS AND REQUIREMENTS**

1. I/We acknowledge that I/we have agreed to perform voluntary services for KECSD (the "District").
2. I/We acknowledge that as a volunteer, the District has no duty to insure me/us should I/We injure another person or cause any other form of damage.
3. I/We agree to waive any and all liability the District or its employees, officers, board members, agents or representatives may have for personal injury and property damage suffered by me/us in the course of performing voluntary work for the District.
4. I/We agree to waive any and all liability the District or its employees, officers, board members, agents or representatives may have for personal injury or property damage caused by me/us in the course of performing voluntary work for the District or in any way arising out of voluntary work for the District.
5. I/We agree that if transportation will be a part of the volunteer services to be performed, I/We will complete and sign the transportation agreement.
6. Volunteers shall act in accordance with district policies and regulations, as well as individual site requirements.
7. If volunteers hear about or observe evidence of child abuse, they will report the information to the site principal or designee immediately.
8. Volunteers must have a positive attitude, be punctual, and dependable.
9. Volunteers assist the teacher and do not direct him/her, or offer advice, regarding teaching the students.
10. Volunteers work with all students, not just their own children.
11. Cell phones should be turned off as to not interrupt the class.
12. Upon arrival at the school, volunteers must:
  - a. Sign in and wear ID badge or sticker at all times when on school grounds.
  - b. Sign out upon leaving school grounds.
  - c. Show respect for all staff and students.
  - d. Share concerns regarding students with the student's teacher or school principal, and not other parents.
13. Ground rules for KECSD Facilities and all school-sponsored activities:
  - a. Volunteers may not smoke, use drugs, or alcohol while on school grounds.
  - b. No weapons allowed.
  - c. No use of profane language.
  - d. Wear school appropriate attire.

Volunteers are expected and required to keep all student information they obtain while working with students as a volunteer for KECSD confidential. Federal law strictly prohibits the release of any student information without parent/guardian consent. To protect the privacy and for the safety of our students, volunteers cannot take photos of students for any reason.

**Important Guidelines**-All interactions with students should be professional and focused on teaching and learning. These guidelines protect the student and the volunteer. **Do Not:**

1. Take photos or post photos of students.
2. Engage in social networking w/students via Facebook, Instagram, Twitter or any other social networking sites.
3. Make any personal requests of students.
4. Give students gifts unless approval by school administration has been granted.
5. Make comments and/or innuendos that are sexual in nature or could be construed as sexual.
6. Give compliments that focus on physical attributes.
7. Take a student off campus.

I declare under penalty of perjury under the laws of the State of California that I have completed the above information truthfully; and have read, understand, and will comply with district requirements and expectations for all volunteers. I understand that if the information I provide is not accurate, my volunteer services will be terminated. I understand that, pursuant to Administrative Regulation 1240, I may need to be tested for tuberculosis, fingerprinted for criminal record clearance, and verified through an automated records check that I am not a registered sex offender. The expenses of testing and fingerprint checks will be paid by the school volunteer applicant. KECSD reserves the right to conduct a criminal background check of school volunteers as permitted by law. This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

**Please note: In order to volunteer on any school activity, insurance requires that no siblings may accompany the volunteering adult on the field trip or in the classroom. This includes any siblings not enrolled in the classroom participating in the fieldtrip. For more information, please see the volunteer section of our Parent/Student Handbook.**

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Volunteer Signature or Organization Representative

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Date



# 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)	
<input type="checkbox"/>	<b>Yes</b> <ul style="list-style-type: none"> <li>• If there is a <u>documented</u> 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.</li> </ul>
<input type="checkbox"/>	<b>No</b> (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	<b>One or more sign(s) or symptom(s) of TB disease</b> <ul style="list-style-type: none"> <li>• TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.</li> </ul>
<input type="checkbox"/>	<b>Birth, travel, or residence</b> in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> <li>• Includes countries <u>other than</u> the United States, Canada, Australia, New Zealand, or Western and North European countries.</li> <li>• Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.</li> </ul>
<input type="checkbox"/>	<b>Close contact</b> 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).





## 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):**