

NAME MUST MATCH what is on applicant's government issued ID or driver's license.

Applies to Women: Last name prior to marriage.

LEGAL NAMES ONLY -- NOT NICKNAMES. Last name from prior marriage, legal name change, or adoption.

Applicant Information

Full Name:		Date of Birth:	
Maiden Name:	Other Legal Names:		
Current address:			
City:	State:	Zip Code:	
Activity or Sport:	School/Site:	Date Filed:	

Volunteer coaching requires First Aide & CPR certificates.

Section II

Field Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No	Must provide at least one phone number. We need to be able to contact the volunteer.	
Field Trip Location:		
Home Phone :()	Cell Phone: ()	Work Phone: ()

Section III

Please note that Education Code 35021 prohibits registered sex offenders from serving as volunteer non-teaching aides. In addition, pursuant to Education Code 45349 any volunteer instructional aide is also subject to the provisions of Education Code 35021. Before authorizing any person to serve as a volunteer non-teaching aide or a volunteer instructional aide, Education Code 35021.1 authorizes the Superintendent or designee to ask a local law enforcement agency to conduct an automated records check or call the Department of Justice to determine that the individual is not a registered sex offender. Volunteers shall be informed that the District is conducting this records search. (initial) **REQUIRED**

Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, placed on probation or sentenced in any civil, criminal, or military court, or have you ever forfeited bail? Yes ___ No ___
 If you answered YES, list all offenses (attach additional paper if necessary). You must include minor traffic violations if they resulted in the issuance of a warrant. Offenses and convictions dismissed following probation. (initial) **REQUIRED**

Offense & Date	City, State	Sentence or Fines

ALL applicants MUST provide honest and complete information. Failure to disclose information will result in disqualification.

Have you ever tested positive for Tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is yes, when?
---	--	-----------------------------

Emergency Contacts

Name of a person to contact in case of an emergency:	
Address:	
City:	Code: Phone:
Relationship:	
Personal Physician:	City: Phone:

The District must be able to contact someone in the event of an emergency.

Section IV

Are you currently volunteering on a campus in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At which school?
Have you EVER been a volunteer on a campus in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At which school?
Are you an employee in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former	List Site Location

Section V

NOTICE REGARDING WORKERS' COMPENSATION

Please be advised that participation in District-sponsored serious injury/illness to authorized participants. Hacienda Workers' Compensation benefits to volunteers who participate in District-sponsored activities. Furthermore, you understand, acknowledge, and agree that you and/or volunteers shall not be liable for any injury/illness associated with preparing for or participating in District-sponsored activities (initial) _____

ALL SECTIONS MUST BE INITIALED. INITIALS ARE TO ACKNOWLEDGE THE SECTION HAS BEEN READ & UNDERSTOOD.

risk of
injury
insured
agents

REQUIRED

VOLUNTEER GUIDELINES STATEMENT

As a volunteer in the Hacienda La Puente Unified School District, I agree to the following:

1. I will sign in at the school office when I arrive on campus.
2. I will follow the school and classroom rules.
3. I will support the teacher's instructional programs and classroom discipline plan.
4. I recognize that all children learn at different rates. When working with a student, I will be encouraging and support their learning process.
5. I will maintain confidentiality of all information that I observe while volunteering.
6. I understand that my volunteer activities will be used where they are believed to be most appropriately matched with school/classroom needs.
7. I understand that my volunteer activities must be under the supervision of a staff member at all times.
8. I have read and agree to follow safety rules and regulations listed in the District Illness Injury Prevention Program.
9. I will report any student/staff injury or unsafe conditions immediately to the District Management Department at (626) 933-3860. (initial) _____

Please follow all guidelines to avoid delays in processing.

REQUIRED

ACTIVITY SUPERVISOR CLEARANCE CERTIFICATE

Pursuant to AB 1025 (Chap. 379, Stats. 2009), all non-certificated employees and volunteers that will supervise, direct, or coach a student activity program are required to obtain an Activity Supervisor Clearance Certificate (ASCC) from the Commission on Teacher Credentialing by July 1, 2011. It is the responsibility of the Volunteer to obtain and maintain the ASCC with the Commission on Teacher Credentialing, failure to do so will result in immediate dismissal. Volunteers are required to pay for all fees necessary to obtaining the ASCC.

(initial) _____

REQUIRED

VOLUNTEER INSTALLATION OF PLAYGROUND EQUIPMENT

The Superintendent or designee shall be responsible for the design, installation, inspection, and maintenance of playground equipment. New playground equipment shall be installed in accordance with 22CCR 65700-65750 pertaining to the playground equipment.

Must be signed by the site administrator or principal. Forms will be sent back to the site if not signed.

Individual authorized by the _____
for use. (initial) _____

REQUIRED

For School use only

Requested by: _____

Approved by: _____

Recommended for approval by: _____

Principal's Signature: _____

Volunteer Applicant's Signature

Signature of Volunteer applicant: _____

Date: _____



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT POLICE AND SAFETY DEPARTMENT

15959 EAST GALE AVENUE • P.O. BOX 60002 • CITY OF INDUSTRY, CA 91716-0002 • (626) 933-3899 • FAX (626) 933-3813



TONY ARGOTT, Chief of Police

LIVE SCAN INSTRUCTIONS

Live Scan Fee Schedule

Certifications	\$79
Licenses	\$79
Permits	\$79
Teacher Credentials	\$79
Coaches	\$79
Employment	\$65
Volunteer Coach	\$60
Security/Security Sub	\$60
Other Subs/Volunteers	\$40

Live Scan Hours of Operation

Monday
8:30 a.m. – 12:00 p.m.
1:30 p.m. – 2:30 p.m.

Tuesday
8:30 a.m. – 12:00 p.m.
1:30 p.m. – 2:30 p.m.

Wednesday
8:30 a.m. – 12:00 p.m.
1:30 p.m. – 2:30 p.m.

Thursday
8:30 a.m. – 12:00 p.m.
1:30 p.m. – 2:30 p.m.

Friday
No Appointments Scheduled



HACIENDA LA PUENTE
UNIFIED SCHOOL DISTRICT
15959 E. Gale Avenue
City of Industry, CA 91716
www.hipschools.org

Live Scan Instructions

1. Schedule an appointment with the School Police Department by calling (626) 933-3899.
2. Report to the District Office, Human Resources Department on your scheduled appointment date & time (15959 E. Gale Ave, City of Industry, CA 91716)
3. **REMEMBER** to bring your:
 - Official Government Photo ID (expired cards not accepted)
 - Money Order (no cash or checks accepted)
 - TB clearance from your doctor (within past 60 days)
 - Social Security Card*
 - Volunteer Form (must be signed by school administrator)

**Volunteer applicants DO NOT need to bring in their social security cards*

4. AFTER being processed by Human Resources you will be directed to the School Police Department to complete your Live Scan appointment.

*****NO CHILDREN PERMITTED IN LIVE SCAN ROOM*****

Need assistance? We can help!!



Human Resources Department
Sandra Castro
(626) 933-3846



School Police Department
Elizabeth Hernandez
(626) 933-3899



COUNTY OF LOS ANGELES
Public Health

School Employee or School Volunteer Requirements

The following section provides information about testing requirements for school employees and volunteers.

QUESTIONS REGARDING SCHOOL EMPLOYEES/ VOLUNTEERS	ANSWERS
What type of TB screening must employees/ volunteers working at schools undergo?	The Mantoux PPD Test is the only acceptable method of TB screening for school employees.
Which volunteers need a TB test?	Volunteers who have repeated contact with students in the classroom setting must meet the same criteria for TB testing as staff. Exception: Volunteers who come in to assist with one time activities, such as: clerical functions, supervising field trips, or dances do not have sufficient contact with students or staff to constitute a risk.
How often does a TB test have to be repeated?	If you have a negative skin test, you need a repeat test at least every four years. If you have a documented positive skin test, you must have an initial chest radiograph (X-ray). After that, you still need to be screened every four years. You must present a certificate from a health provider stating that you are free from communicable TB or have your chest radiograph repeated.
Why aren't people who work with children (teachers, school aides, etc.) required to have TB screening more often?	State regulations require TB screening at a minimum every 4 years. School staff may request TB testing more frequently from their health care provider, but school districts are not required to provide it more than every 4 years.
I had a positive TB skin test many years ago, but can't find my records. Why can't I just get a chest radiograph (X-ray)?	If you cannot document in writing a previous positive skin test (from your own records or your physician), you will have to get another skin test. Only the skin test can demonstrate latent TB infection.

If you are a school employee or volunteer with no health insurance, contact your local DHS health clinic for a TB skin test.

For questions call the TB Control Program at (213) 744-6160 or (213) 744-6151.

<http://publichealth.lacounty.gov/index.htm>

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

Volunteer / Observation Application

Applicant Information			
Full Name:			
Maiden Name:	Other Legal Names:	Date of Birth:	
Current address:			
City:	State:	Zip Code:	
Activity or Sport:	School/Site:	Date Filed:	
Section II			
Field Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No	Field Trip Date:	Child's Name:	
Field Trip Location:			
Home Phone : ()	Cell Phone: ()	Work Phone: ()	
Section III			
<p>Please note that Education Code 35021 prohibits registered sex offenders from serving as volunteer non-teaching aides. In addition, pursuant to Education Code 45349 any volunteer instructional aide is also subject to the provisions of Education Code 35021. Before authorizing any person to serve as a volunteer non-teaching aide or a volunteer instructional aide, Education Code 35021.1 authorizes the Superintendent or designee to ask a local law enforcement agency to conduct an automated records check or call the Department of Justice to determine that the individual is not a registered sex offender. Volunteers shall be informed that the District is conducting this records search. (initial) <u> </u></p>			
<p>Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, placed on probation or sentenced in any civil, eriminal, or military court, or have you ever forfeited bail? Yes___ No___ If you answered YES, list all offenses (attach additional paper if necessary). You must include minor traffic violations if they resulted in the issuance of a warrant, drunk driving convictions and convictions dismissed following probation. (initial) <u> </u></p>			
Offense & Date	City, State	Sentence or Fine	
Have you ever tested positive for Tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is yes, when?	
Emergency Contacts			
Name of a person to contact in case of an emergency:			
Address:			
City:	State:	Zip Code:	Phone:
Relationship:			
Personal Physician:	City:	Phone:	
Section IV			
Are you currently volunteering on a campus in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At which school?	
Have you EVER been a volunteer on a campus in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At which school?	
Are you an employee in our district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former	List Site Location	

Section V

NOTICE REGARDING WORKERS' COMPENSATION

Please be advised that participation in District-sponsored activities by their very nature, pose the potential risk of serious injury/illness to authorized participants. Hacienda La Puente Unified School District does not provide Workers' Compensation benefits to volunteers who sustain an injury/illness while engaging in District-sponsored activities. Furthermore, you understand, acknowledge, and agree that the District, its employees, officers, agents or volunteers shall not be liable for any injury/illness associated with preparing for or participating in District-sponsored activities (initial) _____

VOLUNTEER GUIDELINES STATEMENT

As a volunteer in the Hacienda La Puente Unified School District, I agree to the following:

1. I will sign in at the school office when I arrive on campus.
2. I will follow the school and classroom rules.
3. I will support the teacher's instructional programs and classroom discipline plan.
4. I recognize that all children learn at different rates. When working with a student, I will be encouraging and support their learning process in a positive manner.
5. I will maintain confidentiality of student behavior and academic performance that I observe while volunteering.
6. I understand that my volunteer assignment is at the discretion of the classroom teacher and/or site administrator. My services will be used where they are believed to be most appropriately matched with school/classroom needs.
7. I understand that my volunteer activities must be under the supervision of a staff member at all times.
8. I have read and agree to follow safety rules and regulations listed in the District Illness Injury Prevention Program.
9. I will report any student/staff injury or unsafe conditions immediately to the Risk Management Department at (626) 933-3860. (initial) _____

ACTIVITY SUPERVISOR CLEARANCE CERTIFICATE

Pursuant to **AB 1025** (Chap. 379, Stats. 2009), all non-certificated employees and volunteers that will supervise, direct, or coach a student activity program are required to obtain an Activity Supervisor Clearance Certificate (ASCC) from the Commission on Teacher Credentialing by July 1, 2011. It is the responsibility of the Volunteer to obtain and maintain the ASCC with the Commission on Teacher Credentialing, failure to do so will result in immediate dismissal. Volunteers are required to pay for all fees necessary to obtaining the ASCC. (initial) _____

VOLUNTEER INSTALLATION OF PLAYGROUND EQUIPMENT

The Superintendent or designee shall ensure that playgrounds comply with 22CCR 65700-65750 pertaining to the design, installation, inspection, and maintenance of playgrounds and playground equipment.

New playground equipment shall be either: (22 CCR 65730)

1. Assembled and installed by or under the direct supervision of an individual authorized by the manufacturer.
2. Inspected by a certified playground safety inspector prior to its first use. (initial) _____

For School use only

Requested by:

Interviewed by:

Recommended for approval by:

Principal's Signature: _____

Volunteer Applicant's Signature

Signature of Volunteer applicant: _____

Date: