

# PLEASANT VALLEY SCHOOL DISTRICT

# Human Resources Department 600 Temple Ave, Camarillo, CA 93010 805.445.8610

# Volunteers/Coaches/Vendors Without Certificated Personnel Present Required Documents Check-Off List

Applicant:	Site(s)/Dept:	
Activity:		
Email Address:	Cell Phone #: ()	
All documents need to be turned in at the	PVSD Human Resources Department (HF	3)
before working with students with	out a certificated employee present.	
PVSD Human Resources will notify you and the	Site/Dept when all documents have been veri	ified.
Volunteer Application Form  Volunteer Application Form: Completed  Legible copy of current Driver's License.	l and signed by Applicant <u>and</u> Site/Dept Administr HR will make copy if requested.	rator.
Fingerprints:  DOJ and FBI Request for Live Scan Serv  Yellow copy to HR within a week of the p	prints being taken,	
White to Live Scan Facility, Pink to you for Note: HR will be able to access the results		
Account of the control of the contro	Bring in document and HR will make copy.  Proof of TB test taken within last 6 months. the directions for this that are in the packet.	
The state of the s	ring original documents in and we will make cop	ies.
CPR Red Cross/American Heart Associate		
See attached sheet if you do not have curr FIRST AID Certification	ent certification.	
See attached sheet if you do not have curr		
HEADS UP CONCUSSION TRAINING	,	
https://headsup.cdc.gov (30 minutes- See		
	NG (free): Print certificate and bring to HR.	
https://nfhslearn.com/courses (20 minut	es- See attached sheet for how to navigate site.)	



# Volunteer Application Form Pleasant Valley School District

20 20	Driver's License Expires:	/	
eer Application Form	One-time, Date: _		
Pleasant Valley School District	Ongoing - This Co	urrent S	School Year

9-	rieasant valley ocnoor Distric	10		going - This Cu	ment school rear
School Site/Department:			Date:	/	
All volunteers must provide a copy of as their ID. Specific volunteer activitie				ovide their D	river's License
Volunteer Information (please pri	nt legibly): Name:			П	
Address:					
Street Address		City		State	Zip Code
Phones: Cell	Work		Home _		
Parent/Guardian/Relative of:	If not Applicable, Name of Co	ntact at this Site:		X.	
Student(s): 1	22		3		
Teacher(s): 1	2_		33_	2	
Please check ALL applicable boxes		neroom teacher below ea	ch student's name.)		
☐ Field Trips that are not overn ☐ Driving my own chil ☐ Driving other studer ☐ After School Activity - Superv ☐ Other (Specify): ☐ Activities NOT supervised by co ☐ Activities during Recess/Lunc ☐ Coach (Specify): ☐ Field Trips that are overnight ☐ Other (Specify): ☐ Background/Security Information ☐ No ☐ Yes If you answere	ivities/Other Activities during Scholight - Note: Student's siblings are not allowed only. No additional documents required atts. Requires Private Vehicle Transportation ised by Certificated Employee (Namertificated employee: (These required the After School (Specify):	ol/Department hou  yed to attend field trips.  Application and Insura  ne):  uire fingerprintin  e explanation of the  ure to answer truthf  alty of perjury under  the information is n	incident. A confully will be caus the laws of the total accurate, you	nviction may e for denial. State of Calif	not necessarily fornia that you services will be
Print Name:	Signature:			Date:	
****** Volunteers not superv	ised by Certificated Employee may	not start until appr	oved by Humai	n Resources	*****
School Site/Department Use:  Copy of driver's license or other pi Fingerprint fees paid by: Certificated supervision will be pro	lunteer				-
School Site/Department Approval:	Site Administrator/Department Manage	er		Date Ap	oproved Start Date
District Office Use: DL TB Expiration Dates:/_//_	/	_/_/_	_/_/_		
Application Approved:As	st. Superintendent of Human Resources			)ate Ar	Diproved Start Date

# Fingerprint Services are available at:

Ventura County Office of Education 5189 Verdugo Way Camarillo, CA 93012 (805) 383-1914

VCOE Fingerprinting Days/Hours: Monday thru Thursday, 1:30 pm – 4:30 pm

# Instructions:

- Complete the Request for Live Scan Service application (ORI: A0450) and take it with you. You need DOJ and FBI prints.
- Bring a photo ID.
- The fingerprinting fee (\$75 as of 6/28/17) must be paid at the time of service with cash, check, or credit card.
- After prints have been scanned, please return the yellow copy of the live scan application (ORI: A0450) to the Human Resources Office at 600 Temple Ave., Camarillo, CA.
- The Human Resources Office will notify the school site/department when your fingerprint clearances have been received.



STATE OF CALIFORNIA BCIA 8016A (orig. 04/2001; rev. 01/2011)

# REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission		
ORI: A0450 Type of Applicant: Classifie	d School Employee Crede	n aled School Employee
The following selections are for Public Schools only:	10	1/
☐ License, Certification, Permit ☐ Peace Officer ☐ Law E	inforcement Officer X verunte	er
Type of License/Certification/Permit <u>OR</u> Working Title: Volunteer  (Meximum 30 c	haracters - If assign on y DOJ, see exact title assign	<b>Y</b>
Contributing Agency Information:		
Pleasant Valley School District Agency Authorized to Receive Criminal Record Information	01958 Malificatie live-digit olde assigned by	DOJ)
600 Temple Ave Street Address or P.O. Box	Kathleen Matsumeri	V nuhminalana)
Camarillo CA 93010	Contact Name (prend iton) for all school	il submissions)
City State ZIP Code	C htact Telephone Number	
Applicant Information:		
Last Name	et Name	Middle Initial Suffix
Other Name (AKA or Alias) Last	First	Suffix
Date of Birth Sex Male Female	Driver's License Number	
Height Eye Colo Hail Clien	Billing Number	
	(Agency Billing Number) Misc.	
Place of Birth (State or Country) Social Security Number	Number	
Home	(Other Identification Number)	
Address Street Address or A O. Box	City	State ZIP Code
W. Mi		
Your Number:	Level of Service: 🗵 DOJ	∑ FBI
. (C.C.A.Number (Agency Identifying Number)	*	
If re-submission, list original ATI number:	Si .	
(Must provide proof of rejection)	Original ATI Number	
Live Scan Transaction Completed By:		
	<i>i</i> .	<u>ý</u> e
Name of Operator	Date	
	· · · · · · · · · · · · · · · · · · ·	
Transmitting Agency LSID	ATI Number	Amount Collected/Billed



# Pleasant Valley School District

# Human Resources Department

600 Temple Ave. Camarillo, CA 93010 Phone: (805) 445-8610 FAX: (805) 445-8612 www.pvsd.k12.ca.us

# VOLUNTEERS

# TUBERCULIN SKIN TEST

Please forward the attached Freedom from Tuberculosis Verification form to Human Resources before you volunteer at the site.

The Tuberculin Skin Test takes two visits — so plan your time accordingly. The second visit must be made 48-72 hours after the first visit. If you miss the second visit, the test must be repeated.

If you have had a positive Tuberculin Skin Test in the past 20 years, you cannot have a repeat skin test. You will need to make arrangements for a chest x-ray.

Be sure you take the "Freedom from Tuberculosis Verification" form provided by the Human Resources with you to a medical office of your choice. The following is listed for your information:

Community Memorial Health Center 422-A Arneill Rd., Camarillo Phone: 482-1282 Monday – Saturday 9:00 a.m. – 7:00 p.m. Appointments Preferred

1<sup>st</sup> Stop Urgent Care
2275 Las Posas Rd., Camarillo
Phone: 388-3732
Monday – Friday 8:00 a.m. to 5:00 p.m.
Saturday 9:00 a.m. to 5:00 p.m.
Walk-in Clinic – No appointment necessary

NOTE: There is a fee for this service and the expense is the responsibility of the volunteer.

If you have any questions, please call the Human Resources office at 445-8610.



# Pleasant Valley School District

# Human Resources Department

600 Temple Ave. Camarillo, CA 93010 Phone: (805) 445-8610 Fax: (805) 445-8612 www.pvsd.k12.ca.us

Evalene Murphy, Assistant Superintendent

# Freedom from Tuberculosis Verification

Name			
(Please print)	Last Name	First Name	
Position:	*****	Date:	
The above name	d person has:		
<ol> <li>A negative from tuber</li> </ol>	tuberculin skin test culosis	and is free	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OR			
	a chest x-ray and is aberculosis.	free from	<del></del>
Validation:		Agency and/or Physicia	100 m
	i abile ricaliii	rigorioj unaroi i riyolok	411

# **CPR & First Aid Certification facilities:**

Listed below are two local facilities that we know of that offer Red Cross/American Heart Association certification. You may also use any training facility that is Red Cross/American Heart Association certified that you prefer.

When you have received your certificate(s), please bring to PVSD Human Resources for us to copy for our records.

# Camarillo Health Care District

CPR/First Aid/AED Certification: \$83, includes cost of book, as of 9/12/17

Class Location:

3639 E. Las Posas Rd

Suite 117

Camarillo, CA 93010

www.camhealth.com/classes/fallpreventionandsafety/

805.388.1952 Option 0

When making class reservation, pre-request your certificate for the day of the class, otherwise it will be mailed to you.

# <u>Code 3 Life Support</u> - Company in Pasedena, but has classes in Camarillo

Heartsaver First Aid, CPR and AED Certification: \$75 + cost of book \$20, as of 9/12/17

Heartsaver First Aid (First Aid Only): \$45 + cost of book \$20, as of 9/12/17

Heartsaver CPR and AED: \$50, as of 9/12/17

Class Location:

450 Rosewood Ave

Suite 209

Camarillo, CA 93010

Code3life.enrollware.com/schedule

info@code3life.com

626-296-0090

The certificate will be given to you on the day of the class, if done in-person.

(Note that this company offers in-person and online classes, however the CPR test itself, which takes about 15 minutes, must be done in person, which they can schedule you for at the 450 Rosewood Ave site.)

# HEADS UP CONCUSSION TRAINING

tps://headsup.cdc.govoic I have an account You are not logged in. I want to create an account

E-mail \*

and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail. A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public

Confirm e-mail address \*

Please re-type your e-mail address to confirm it is accurate.

Fill in all fields

Password strength:

Password \*

Confirm password \*

Provide a password for the new account in both fields. Password must be at least  $\epsilon$  characters

CREATE NEW ACCOUNT 2—then Wick here

HEADS UP!

 $\omega$ 

An email from  $\underline{DUIPInquiries@cdc.gov}$  with information on how to start the training has been sent to the email address you provided. You will need to click on the link in this email to access the

folder for the email. ! If you don't see an email in your inbox after a few minutes, please check your spam or junk

LOGIN-REGISTER & Don't click here - you will be sent an email with a link.

his is the email

Sent:

Subject:

duipinquiries@cdc.gov on behalf of DUIP Inquiries (CDC) <duipinquiries@cdc.gov>Monday, September 11, 2017 2:28 PM

ION WILL RECEIVE

(Vour Nome)Account details for huc\_259575508905776\_259575 at heads-up-coaches

huc\_259575508905776\_259575

Thank you for registering for the HEADS UP Concussion in Youth Sports online training. We appreciate your efforts to help ensure the health and safety of young athletes by learning how to prevent, recognize and respond to a concussion.

both verify your account and automatically log you in.

On CL Neve -this is the link

https://headsup.cdc.gov/user/validate/259575/1505165250/rZ7QoCXqaBAP\_Rzqsuf9U\_HALrZqyR2kevw6nQS\_3dl For full access to the site, you will need to click on the link below or copy and paste it into your browser. Doing so will

created during registration. Going forward, you will be able to log in to https://headsup.cdc.gov/user using the username and password that you

Thank you for your interest in our training. We hope you enjoy the course!

-The HEADS UP team

IN YOUTH SPORTS CONCUSSION

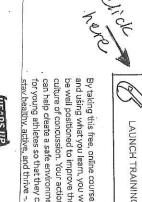
COACHES

Changing the Culture of Concussion Starts With



LAUNCH TRAINING

can help create a safe environment and using what you learn, you will be well positioned to improve the By taking this free, online course culture of concussion. Your actions for young athletes so that they can



HEADS UP

6

You can choose eather

デット CERTIFICATE

WALLET CERTIFICATE

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CREATE CERTIFICATES

Type your Name Here

上

Name as you would like it on your certificate \*

AND BRING TO PUSD HR DEPT FOR PROOF OF COMPLETION OF REQUIREMENT. PRINT OUT YOUR CERTIFICATE

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SAVE

# A Fact Sheet for YOUTH SPORTS COACHES



One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

# What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

# **How Can I Help Keep Athletes Safe?**

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

# Talk with athletes about the importance of reporting a concussion:

 Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

# Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
  - > Striking another athlete in the head;
  - Using their head or helmet to contact another athlete;

**Plan ahead.** How can you help encourage concussion reporting among your athletes?

# Athletes May Try to Hide Concussion Symptoms

Among a group of almost 800 high school athletes:

69% reported playing with concussion symptoms.

40% of these athletes said that their coach was not aware that they had a possible concussion.<sup>1</sup>

Athletes may be less likely to tell their coach or athletic trainer about a possible concussion during a championship game or other important event.<sup>2</sup>

- Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
- > Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

# Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.

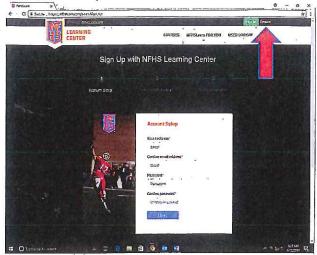
To learn more, go to www.cdc.gov/HEADSUP



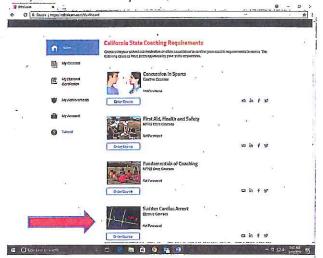
# SUDDEN CARDIAC ARREST TRAINING (It is free!)

# https://nfhslearn.com/courses

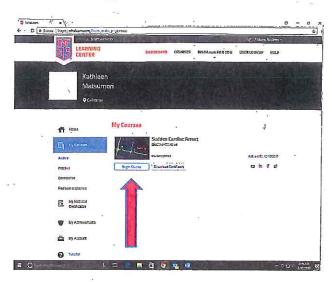
You will register yourself which takes quite a few screens to complete.



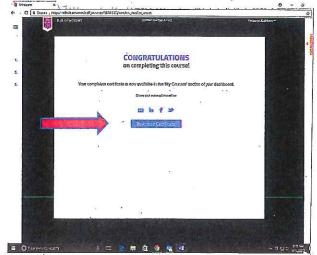
You will finally reach a list of courses. The Sudden Cardiac Arrest Course (free) is the class PVSD is requiring from this site. Click on the "Order Course" box, which will take you several screens to order.



You will finally reach the screen where you can click on the "Begin Course" box.



Once you have completed the course, be sure to print out the Completion Certificate, Bring to PVSD HR for proof of completion of this requirement.



ven if CPR is started immediately, a readily available automated external defibrillator (AED) used within the first five minutes is the only way to treat SCA. On average, it takes EMS teams up to 12 minutes to arrive. Our awareness to take action and the widespread availability of AEDs could save thousands of lives per year.

# The Cardiac Chain of Survival

# Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive. Gasping, gurgling, snorting, moaning or labored breathing noises. Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency
dispatcher's instructions.
Call any on-site Emergency Responders.

# **Early CPR**



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

# **Early Defibrillation**



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a by-stander to use in an emergency situation.

# Early Advanced Care



Emergency Medical Services (EMS)
Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Cardiae Chain of Survival Courtesy of Parent Heart Watch