



MORGAN HILL UNIFIED SCHOOL DISTRICT

School Site Volunteer Registration and Acknowledgment

2024 - 2025 School Year

(For New & Returning Volunteers)

- Returning volunteer:** Each school year you must complete this form, complete the required one-hour online training, and get a new badge from our HR Department at the District Office.
- New volunteer:** Complete this form, get the school office staff approval, take your identification to Human Resources at the District Office when you get your fingerprints taken, have your physician complete the TB Risk Assessment form, complete the required one-hour online training and obtain a volunteer ID badge from our HR Department at the District Office.

All volunteers are cleared through MHUSD Human Resources, 15600 Concord Cir., Morgan Hill. (408)201-6000

Please allow 7-10 business days for fingerprint clearance results

Volunteer Badges must be renewed annually

School Site: _____

Name of Volunteer: _____

Address: _____ City: _____ Zip: _____

Phone # (____) _____ Email: _____

Emergency Contact: _____ Phone #: (____) _____

I would like to volunteer for: _____

Child's name: _____ Student ID# _____ Grade/Teacher: _____

Child's name: _____ Student ID# _____ Grade/Teacher: _____

Please verify you have read and understand the following with your initials:

____ In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the District and that I am not entitled to receive a salary or any employee benefits including workers' compensation. I understand that either the District or I may terminate this volunteer relationship at any time without notice and must return my volunteer badge to the school site.

____ I certify that I have not been required to register as a sex offender pursuant to Penal Code Section 290.

____ I understand that if I volunteer as a driver, additional verification will be required. I have reviewed and agree to comply with the Child Abuse Prevention Reporting guidelines and Sexual Harassment policies contained in the Student and Parent handbook and/or the District's website.

Volunteer Signature: _____ **Date:** _____

School Office Staff Approval: _____ **Date:** _____

HR Signature: _____ **Date:** _____

Once all requirements are met HR will notify you to pick up your badge



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):



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)

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. A Certificate of Completion should be completed after screening is completed (page 3).