



South San Francisco Unified School District

School Volunteer Application

Thank you for your time and interest in being a volunteer for the South San Francisco Unified School District. Volunteers are valuable members of our learning community. As a part of the pre-volunteer process, you are required to complete this application.

Date: _____ School Site: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Notify in Emergency: _____ Relationship: _____

Address: _____ Phone: _____

Parent(circle) YES NO if YES Name of Child(ren): _____

Name of Teacher(s): _____

Have you ever plead guilty or "no contest" to or been convicted of a criminal offense? _____ YES _____ NO
Have you ever been convicted of a sex, drug, weapons, or violence related offense? _____ YES _____ NO
Are you required to register as a sex offender under Penal Code 290.95? _____ YES _____ NO
Do you have any criminal charges pending against you? _____ YES _____ NO

Depending on the type of volunteering you will be doing, the South San Francisco Unified School District may require that you submit to a criminal background check that necessitates fingerprinting. If fingerprinting is required, you may not volunteer until the results of the background check are completed.

I hereby certify that the information contained in this document is true and correct. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to SSFUSD, as well as from the use of disclosure of such information by the SSFUSD, or any of its agents, employees, representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to be approved as a volunteer.

Signature of Volunteer: _____ Date: _____

Level III and IV volunteers - Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

This form must be completed and returned to the site Volunteer Coordinator/Principal before you begin your volunteer assignment.

To be completed by School Site personnel and a copy forwarded to the SSFUSD District Office.

Level of Volunteer: Level I Level II* Level III* Level IV*
Circle One One-time *Requires Sex Offender Check *Requires Fingerprinting *Requires Fingerprinting

Site Authorization Name

Site Authorization signature



South San Francisco Unified School District

VOLUNTEER CODE OF CONDUCT

(This document defines the SSFUSD's expectations for all school volunteers.)

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

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students unless I have been authorized to do so by SSFUSD.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug, violence, or weapons related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

Signature of Volunteer: _____

Date: _____

NON-CRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction or updating of your criminal history record are set forth at Title 28, code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Print Name

Date

Signature



Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____

Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*
If no, continue with questions below.

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

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

*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.

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)



ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____

Date: _____

Date of Birth: _____

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.

Health Care Provider Signature

Please Print Health Care Provider Name Title

Office Address: Street City State Zip Code

Telephone Fax