



## Volunteer Processing List

Name: \_\_\_\_\_

Sport/Activity: \_\_\_\_\_

Volunteer service may begin only after all items have been submitted and approved and an ID badge has been issued.

- Fingerprint Clearance (*Office Use Only* \_\_\_\_\_ *Date Cleared*)
- TB Clearance (*Office Use Only* \_\_\_\_\_ *Date Cleared*)
- Professional Boundaries Acknowledgment
- Volunteer Application
- Government ID or Drivers License
- Expense Reimbursement Form (*applies only to current parents/guardians*)

\* Reimbursement Checks are valid for 90 days after issue \*

# GRANADA HILLS CHARTER

## Volunteer Information

All Granada Hills Charter (GHC) volunteers must go through a screening process, for the safety of students and volunteers alike. Prospective volunteers must complete the following steps.

- 1) Pick-up a volunteer application packet from the *Main Office* of your child's campus or print from our website at [www.ghctk12.com/volunteer/](http://www.ghctk12.com/volunteer/)
- 2) Complete the volunteer application packet
  - Obtain a LiveScan fingerprint scan
  - Obtain TB clearance
- 3) Submit completed volunteer packet to the *Main Office* of your child's campus.
- 4) If you need to be authorized to drive students in connection with a school activity, complete a Private Auto Driver Certification form (*in the Office of Instruction at the High School campus or the Main Office at the TK-8 campus*)
  - Original driver's license and current auto insurance documentation required
  - Driver's signature required

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### *Frequently Asked Questions*

#### **Why does GHC observe these requirements?**

These requirements are observed as an additional safety measure for our students, to ensure an appropriate level of screening for adult volunteers.

#### **Do parents need clearance to volunteer?**

If a parent is performing a volunteer role that is beyond the scope of working only with their child, they are required to be cleared as a volunteer. These roles include but are not limited to the following: classroom aide, general school support, field trip/athletic event chaperone, field trip/athletic event driver, and overnight chaperone.

#### **Is my information kept confidential?**

GHC will maintain confidential control of all information collected during the application process. All information is kept private and is used only by the school.

#### **Is there an out-of-pocket cost to obtain clearance as a volunteer?**

GHC has made arrangements for a reduced cost of \$17.60 for LiveScan fingerprinting services. The school covers the \$47.00 charge we are billed from the Department of Justice.

Parents/Guardians may request reimbursement of up to \$15 for the TB risk assessment and \$17.60 for the LiveScan fingerprinting services.

#### **Does every volunteer require fingerprint clearance?**

All GHC volunteers are required to obtain fingerprint clearance.

**How long does it take to complete all volunteer processing requirements?**

The entire process may be completed in as little as two days or much longer, depending on how quickly TB risk assessment and fingerprinting are completed. TB risk assessment and fingerprints can be completed immediately after obtaining an application packet. However, volunteer clearance will not be approved until the results have returned from the physician, Department of Justice and FBI. Please allow 48 hours from the time of fingerprinting before submitting your completed volunteer application.

**Do I need to be fingerprinted if I am an employee of GHC or a retired employee of GHC?**

If you are a current employee of GHC, you will not need to be fingerprinted again. If you are a recent retired employee of GHC your clearance status will need to be verified with Human Resources. It is possible in the latter case that you will be required to be fingerprinted as a volunteer.

**Do I need to be fingerprinted if I am a volunteer or employee of another school district, government agency or other outside organization?**

Agencies are not allowed to share the confidential LiveScan results. GHC is liable for all volunteers and must receive a LiveScan result for each one of our own volunteers.

**How often do I need to get fingerprinted?**

Volunteers only need to be fingerprinted once.

**Do I need to complete a TB risk assessment if I have recently done so?**

TB results are accepted if completed within the past 60 days.

**How often do I need to get TB clearance?**

TB clearance expires after four years. A new clearance will be required upon the expiration of the original clearance. GHC sends a reminder email notice to all volunteers when TB expiration is near.

**I have applied to be a volunteer, how will I know when I have been cleared to begin volunteering?**

Once cleared to volunteer, you will be notified by the school, and a GHC volunteer badge will be issued. Your ID badge must be worn at all times while volunteering in any capacity.

**Who can I contact for additional questions or concerns?**

For questions regarding volunteer status, please contact the Main Office at (818) 360-2361. For questions regarding Private Auto Driver Certification, please contact the Office of Instruction at ext. 337.

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

## Applicant Submission for Public Schools or Joint Powers Agencies

**ORI:** \_\_\_\_\_  
Code assigned by DOJ

Type of Applicant: (check one)  Classified School Emp.  Credentialed School Emp

**The following selections are for Public Schools only:**

License, Certification, Permit  Peace Officer  Law Enforcement Personnel  Volunteer

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

**Agency Address Set Contributing Agency:**

Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)	
City	State	Zip Code	Contact Telephone Number

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle Initial

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL** \_\_\_\_\_  
Agency Billing Number

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: \_\_\_\_\_  
Street or P.O. Box

SOC: \_\_\_\_\_  
City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

## Fingerprint Clearance

GHCHS has made arrangements with A1 Livescan Notary Shipping for a reduced cost to you of **\$17.60** for the Livescan fingerprint scan.

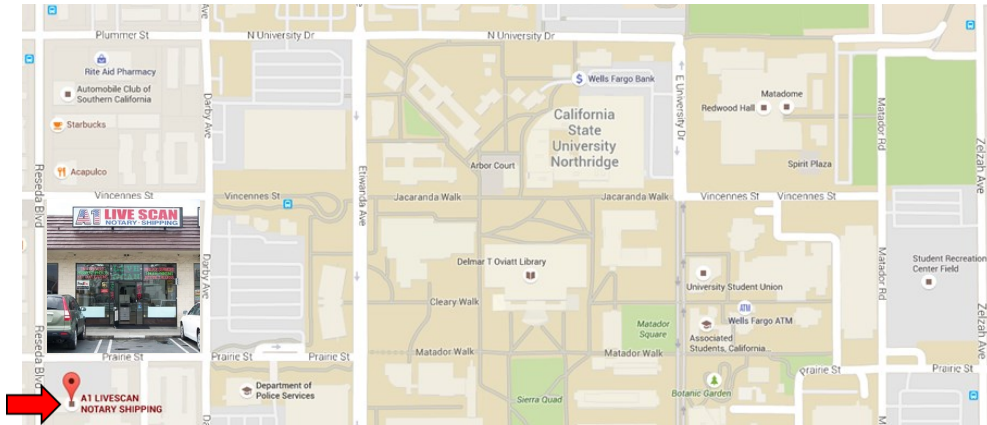
**Note: For all employees, an additional \$49 fee will be deducted from your first paycheck. Parent Volunteers may request reimbursement up to \$17.60 for the Livescan expense.**

**Address:** 9250 Reseda Blvd, Ste 2-B, Northridge, CA 91324

**Phone:** (818) 349-4600

**Hours:** Monday – Friday 9:00 a.m. – 7:00 p.m.  
Saturday 9:00 a.m. – 4:00 p.m.

No appointment necessary



### Direction from GHCHS

**7 min** (2.3 miles)



via Devonshire St and Reseda Blvd

5 min without traffic

#### Granada Hills Charter High School

10535 Zelzah Avenue, Granada Hills, CA 91344

↑ Head south on Zelzah Ave toward Hiawatha St

0.3 mi

↘ Turn right onto Devonshire St

0.7 mi

↙ Turn left onto Reseda Blvd

1.3 mi

#### A1 LIVESCAN NOTARY SHIPPING

9250 Reseda Boulevard #2-B, Northridge, CA 91324



# 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).

# California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

## Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

### AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

### SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

### SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

## Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

## Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

## Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

## Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

## Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

## Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

## Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

*Please consult with your local public health department on any other recommendations and mandates that should also be considered.*



## 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):**

# GRANADA HILLS CHARTER

## **Professional Boundaries: Staff/Volunteer/Service Provider Student Interaction Policy**

The School recognizes its responsibility to make and enforce all rules and regulations governing staff/student, service provider/student and volunteer/student behavior to bring about the safest and most learning-conducive environment possible.

### **Corporal Punishment**

Corporal punishment shall not be used as a disciplinary measure against any student. Corporal punishment includes the willful infliction of, or willfully causing the infliction of, physical pain on a student.

For purposes of this policy, corporal punishment does not include an employee, service provider or volunteer's use of force that is reasonable and necessary to protect the employee, service provider, volunteer, students, or other persons, or to prevent damage to property.

For clarification purposes, the following examples are offered for direction and guidance of School personnel, service providers and volunteers:

#### A. Examples of PERMITTED actions (NOT corporal punishment)

1. Stopping a student from fighting with another student;
2. Preventing a pupil from committing an act of vandalism;
3. Defending yourself from physical injury or assault by a student;
4. Forcing a pupil to give up a weapon or dangerous object;
5. Requiring an athletic team to participate in strenuous physical training activities designed to strengthen or condition team members or improve their coordination, agility, or physical skills;
6. Engaging in group calisthenics, team drills, or other physical education or voluntary recreational activities.

#### B. Examples of PROHIBITED actions (corporal punishment)

1. Hitting, shoving, pushing, or physically restraining a student as a means of control;
2. Making unruly students do push-ups, run laps, or perform other physical acts that cause pain or discomfort as a form of punishment;
3. Paddling, swatting, slapping, grabbing, pinching, kicking, tying, taping or otherwise causing physical pain.

### **Acceptable and Unacceptable Staff/Student Behavior**

This policy is intended to guide all School staff, service providers and volunteers in conducting themselves in a way that reflects the high standards of behavior and professionalism required and to specify the boundaries between them and students.

Although this policy gives specific, clear direction, it is each staff member, service provider and volunteer's obligation to avoid situations that could prompt suspicion by parents, students, colleagues, or school leaders. One viable standard that can be quickly applied, when you are unsure if certain conduct is acceptable, is to ask yourself, "Would I be engaged in this conduct if my family or colleagues were standing next to me?"

For the purposes of this policy, the term "boundaries" is defined as acceptable professional behavior by staff members, service providers and volunteers while interacting with a student. Trespassing the boundaries of this relationship is deemed an abuse of power and a betrayal of public trust.

Some activities may seem innocent from a staff member, service provider or volunteer's perspective, but can be perceived as flirtation or sexual insinuation from a student or parent point of view. The objective of the following lists of acceptable and unacceptable behaviors is not to restrain innocent, positive relationships with students, but to prevent relationships that could lead to, or may be perceived as, sexual misconduct.

Staff, service providers and volunteers must understand their own responsibility for ensuring that they do not cross the boundaries as written in this policy. Disagreeing with the wording or intent of the established boundaries will be considered irrelevant for disciplinary purposes. Thus, it is crucial that all employees, service providers and volunteers learn this policy thoroughly and apply the lists of acceptable and unacceptable behaviors to their daily activities. Although sincere, competent interaction with students certainly fosters learning, student/staff, student/service provider and student/volunteer interactions must have boundaries surrounding potential activities, locations and intentions.

### **Duty to Report Suspected Misconduct**

When any employee reasonably suspects or believes that a staff member, service provider or volunteer may have crossed the boundaries specified in this policy, he or she must immediately report the matter to a school administrator. All reports shall be as confidential as possible under the circumstances. It is the duty of the administrator to investigate and thoroughly report the situation. Employees must also report to the administration any awareness or concern of student behavior that crosses boundaries or where a student appears to be at risk for sexual abuse.

### **Examples of Specific Behaviors**

The following examples are not an exhaustive list:

#### **Unacceptable Behaviors (Violations of this Policy)**

- (a) Giving gifts to an individual student that are of a personal and intimate nature (including photographs) or items such as money, food, outings, electronics, etc. that are not provided as part of an approved school activity or without the written pre-approval of the Executive Director.

- (b) Kissing of any kind.
- (c) Any type of unnecessary physical contact with a student.
  - i. Including massage, wrestling, tickling, piggyback rides, full frontal hugs, lengthy embraces, kissing, any form of sexual contact,
- (d) Intentionally being alone with a student away from the school.
- (e) Furnishing alcohol, tobacco products, or drugs, or failing to report knowledge of such conduct.
- (f) Making or participating in sexually inappropriate comments.
- (g) Sexual jokes, or jokes/comments with sexual overtones or double-entendres.
- (h) Taking photographs or videos of students for personal use or posting online
- (i) Seeking emotional involvement with a student for your benefit.
- (j) Listening to or telling stories that are sexually oriented.
- (k) Sharing a bed, mat or sleeping bag with a student.
- (l) Leaving campus alone with a student for lunch or other activity.
- (m) Seeking emotional involvement (which can include intimate attachment) with a student beyond the normal care and concern
- (n) Discussing inappropriate personal troubles or intimate issues with a student in an attempt to gain their support and understanding.
- (o) Remarks about the physical attributes or development of a student or anyone else.
- (p) Excessive attention toward a particular student.
- (q) Sending emails, text messages or letters to students if the content is not about school activities
- (r) Becoming involved with a student so that a reasonable person may suspect inappropriate behavior.

Unacceptable Staff/Student Behaviors without Parent and Supervisor Permission

**(These behaviors should only be exercised when a staff member has parent and supervisor permission.)**

- (a) Giving students a ride to/from school or school activities.
- (b) Being alone in a room with a student at school with the door closed.
- (c) Allowing students in your home.

Acceptable and Recommended Behaviors

- (a) Getting parents' written consent for any after-school activity.
- (b) Obtaining formal approval to take students off school property for activities such as field trips or competitions.

- (c) Emails, text, phone and instant messages to students must be very professional and pertaining to school activities or classes (Communication should be limited to transparent [non-private] school-based technology and equipment).
- (d) Keeping the door open when alone with a student.
- (e) Keeping reasonable and appropriate space between you and your students.
- (f) Stopping and correcting students if they cross your own personal boundaries.
- (g) Keeping parents informed when a significant issue develops about a student.
- (h) Keeping after-class discussions with a student professional and brief.
- (i) Asking for advice from senior staff or administrators if you find yourself in a difficult situation related to boundaries.
- (j) Involving your supervisor if conflict arises with the student.
- (k) Informing the Principal about situations that have the potential to become more severe.
- (l) Making detailed notes about an incident that could evolve into a more serious situation later.
- (m) Recognizing the responsibility to stop unacceptable behavior of students, coworkers, service providers and volunteers.
- (n) Asking another staff member to be present if you will be alone with any type of special needs student.
- (o) Asking another staff member to be present when you must be alone with a student after regular school hours.
- (p) Giving students praise and recognition without touching them.
- (q) Pats on the back, high fives and handshakes
- (r) Prioritizing professional behavior during all moments of student contact.
- (s) Asking yourself if any of your actions are worth sacrificing your job and career.

Acknowledgement of Receipt of Professional Boundaries Policy

Name [Print] \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR OFFICE USE ONLY**  
Sport or Activity:

### Volunteer Application

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name Last Name Birth Date

\_\_\_\_\_  
Address City State Zip Code

( ) \_\_\_\_\_  
Home Phone # email address (please print legibly)

**Currently Employed?**  Yes  No If yes, where? \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Phone #

_____	_____	( )
Emergency Contact Name	Relationship	Telephone #
_____	_____	_____
Emergency Contact Address	City	State Zip Code

**Are you related to a current student?** If so, Name \_\_\_\_\_ Relationship \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Grade \_\_\_\_\_

**I am interested in chaperoning field trips for the school (Please select one)**  
 Open to any and all class/ club trips  Only for my student's class/ club trips

**Two (2) References (not relatives):**  
1) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone #  
2) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone #

\_\_\_\_\_  
Applicant's Signature Date

## EXPENSE REIMBURSEMENT

**CHECK WILL BE MADE OUT TO THE NAME BELOW.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Budget:** \_\_\_\_\_

**ATTACH ORIGINAL *ITEMIZED* RECEIPTS ONLY**

Receipt Date	Expense Description	Vendor/Merchant	Amount
<b>Total Expenses:</b>			
<b>Tax:</b>			
<b>Total Reimbursement Amount:</b>			

I agree that all expenses submitted on this claim are for GHC purposes only.

\_\_\_\_\_  
*Volunteer Signature (required)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair/Manager - Signature (required)* *Printed Name (required)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervising Administrator - Signature (required)* *Printed Name (required)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chief Financial Officer - Signature (required)* *Printed Name (required)* \_\_\_\_\_  
*Date*