LAKE TAHOE UNIFIED SCHOOL DISTRICT

CHECKLIST FOR VOLUNTEER PAPERWORK

Parents: you only need to do this once, not each year

Volunteer Name: _____

Student(s) name: _____

FOR LEVEL 1:

- ☐ **Volunteer Registration Form**
- ☐ **Code of Conduct / Confidentiality Form**
- ☐ **Sex Offender Check Authorization Form**
- ☐ **Copy of Current ID**
- ☐ **TB Questionnaire-parent must contact Nurse at MRaab@ltusd.org (2 pgs)**

FOR LEVEL 2: ALL OF THE ABOVE, PLUS

- ☐ **Live Scan Form for Fingerprints: you must bring the SLTPD or EDSO for processing (see attached for details) - return a copy to the school after**
- ☐ **Complete Online Mandated Reporter Training yearly** - see attached directions and email the certificate of completion to school secretary mtruszewski@ltusd.org

***PARENTS: PACKETS ARE PROCESSED ONLY ON THURSDAY. YOU MAY NOT VOLUNTEER UNTIL THE DAY AFTER.**

Parent version of checklist

Revised 5/4/26

LAKE TAHOE UNIFIED SCHOOL DISTRICT
VOLUNTEER REGISTRATION FORM

For your safety, and that of the students in the Lake Tahoe Unified School District ("District"), all school volunteers must complete this registration form in order to volunteer in our schools. **Please attach a copy of your legal photo ID to be kept on file.** If you will be a volunteer driver for any student activities, you must complete the additional requirements.

Legal Name:

_____

(as it appears on ID) First Name Middle Initial Last Name Other Name

Home Address:

_____

Street Apartment # City/State Zip

Contact Information:_____

Home Phone Work Phone Email address

Driver's License # _____ **State:** ____ **Male Female Date of Birth**:_____

Physical Limitations: No ○ Yes ○ Explain:

_____

Have you ever been convicted of, or pled guilty to, a criminal felony or misdemeanor? No ○ Yes ○ If yes, please give date(s) and explanation: _____

Have you **EVER** been convicted of any sex offense for which you must register with any Law Enforcement Agency pursuant to Penal Code Section 290? No ○ Yes ○

I hereby certify that the information contained in this Registration Form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. I agree to abide by all state and federal laws, and all policies and regulations of the Board of Education. I understand that all involvement with students shall be under general supervision from a District employee and is restricted to the school day, on the school grounds, or at a school-sponsored activity (**Level 1 Volunteer**), unless I have been fingerprinted and cleared to work unsupervised with students (**Level 2 Volunteer**) such as a volunteer assisting in the classroom, a volunteer who has direct contact with students and may be the sole adult with the students, or a field trip driver who will be alone with students and have direct contact.

I agree to volunteer my services, without compensation or reimbursement from the District. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code Section 58751.

I agree to indemnify and hold harmless the District, its officers, employees and agents, from all claims, liability or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the District and activities associated with the volunteer program.

This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

Volunteer Signature _____Date _____

(For Office Use Only)

□ **Level 1 Supervised:** TB Clearance:____ Sex Offender Check: ____ Photo ID: ____
Code of Conduct/Statement of Confidentiality: ____

□ **Level 2 Unsupervised**: TB Clearance:____ Sex Offender Check: ____ Photo ID: ____
Live Scan: ____ Code of Conduct/Statement of Confidentiality : ____

Volunteer information (name, date of birth, signature and Photo ID) and all requirements verified by:

Employee Signature _____ Date _____ School Site Meyers Elem.

LAKE TAHOE UNIFIED SCHOOL DISTRICT

CODE OF CONDUCT / STATEMENT OF CONFIDENTIALITY FOR SCHOOL VOLUNTEERS

In my role as a Lake Tahoe Unified School District volunteer, I agree to abide by the following code of volunteer conduct and maintain confidentiality while working in our schools:

1. Immediately upon arrival, I will sign in at the principal's office or the designated sign-in station and will wear my volunteer badge at all times while on school property.
2. I agree to never be alone with individual students without the authorization of teachers and/or school authorities or remove students from direct supervision and/or from the school campus without authorization. 3. I will report suspected cases of abuse or neglect to the school administrator or professional staff. 4. I will not solicit outside contact with students, lend money to, or give gifts or cards to students without administrative approval.
5. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
6. I agree to not transport students without the written permission of parents or guardians and without permission of the school or district.
7. I agree not to use tobacco, alcohol, or any prohibited or illegal substances on school grounds. 8. I agree not to photograph or videotape students without administrative approval or post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
9. I agree not to discriminate against or harass any person and will report all harassment or discrimination observed, in accordance with district policy.
10. I will use only adult bathroom facilities.
11. I agree to treat all information that I may have available to me, whether written or verbal, regarding students or employees, as personal and confidential regardless of source. Any breach of confidentiality will be carefully reviewed and, if substantiated, may result my termination as a volunteer with the Lake Tahoe Unified School District.
12. I agree to seek clarification of unusual situations that occur in the school from the person(s) involved and avoid discussing such matters with non-school personnel.
13. I agree to retain a sense of perspective regarding comments heard and actions observed and to deal impartially with students regardless of background, intelligence, physical or emotional maturity.
14. I agree that I will not discuss student progress or behavior **with the parent** and will direct all relevant information to the teacher or principal.
15. I will not discipline students or physically restrain any student. Should students misbehave in my presence, I will report this immediately to the teacher in charge.

I acknowledge that I have read and understand this code of conduct and statement of confidentiality.

Name – Printed: _____

Signature of Volunteer: _____ **Date:**

Revised 01/27/2026

LAKE TAHOE UNIFIED SCHOOL DISTRICT
REGISTERED SEX OFFENDER BACKGROUND CHECK
AUTHORIZATION FORM

SCHOOLYEAR: _____ **SCHOOLSITE(S):**_____

NAME OF VOLUNTEER: _____

AKAs: _____

NAMES OF CHILDREN ATTENDING LAKE TAHOE UNIFIED SCHOOL DISTRICT SCHOOLS:

_____

_____

_____

To provide a safe and protective environment for students, the Lake Tahoe Unified School District is using the California Megan's Law and the Nevada Sex Offender Registry websites to complete background checks on school volunteers. These databases identify adults who are registered sex offenders. Because you are interested in volunteering at a school site or want to participate in a school sponsored field trip and/or overnight excursion, you are subject to a background check utilizing the aforementioned databases. Thank you for your cooperation in increasing the District's ability to protect our students' wellbeing.

I acknowledge that I am not a registered sex offender and the Lake Tahoe Unified School District will check the California and Nevada public databases to confirm this. This form can be used throughout the ensuing school years to review my status.

By signing below, I declare under penalty of perjury, that I am not required, pursuant to California Penal Code 290.95, to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex- or drug-related offenses or for crimes of violence, and there are no criminal charges pending against me.

I hereby release Lake Tahoe Unified School District from liability for damage which may result from checking criminal background and references.

Signature (Authorizes Background Checks) _____ Date_____

********** **(Office Use Only)**

Megan's Law /NV Sex Offender Registry Checked: _____ _____
(Name of Personnel) **(Date)**

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):

* pls. contact School Nurse to complete
MRaab@LTUSD.org

5/06/20

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).

LAKE TAHOE UNIFIED SCHOOL DISTRICT
Fingerprinting Procedures

Only for Level II

You will need to complete a Live Scan fingerprint background check if you are applying to be a Level 2 (unsupervised) volunteer within the Lake Tahoe Unified School District. **You will be responsible for the Live Scan fingerprint fee.** Please complete the ***Request for Live Scan Service*** form and bring it with you to either:

reverse

South Lake Tahoe Police Department (SLTPD)
1352 Johnson Boulevard
South Lake Tahoe, CA 96150

or

El Dorado County Sheriff's Department (EDSO)
1360 Johnson Boulevard, Suite 100
South Lake Tahoe, CA 96150

SLTPD Fingerprinting Services

Hours: Fingerprinting is available by appointment only on Tuesdays or Thursdays from 8:30 a.m to 1:00 p.m and 3:00 p.m. to 3:30 p.m. To make an appointment, please call (530) 542-6100.

Fee & Requirements: The fee for fingerprinting services is $18, plus all applicable state and federal fees ($49), for a total of $67. In addition to the Live Scan form, you must also provide an acceptable form of identification. Accepted forms of identification include a valid State-issued driver's license or Identification Card, passports, out of state driver's licenses and identification cards, and military ID cards. Payments can be accepted in cash, check, Visa or MasterCard.

EDSO Fingerprinting Services

Hours: Fingerprinting is available by appointment only on Tuesdays, Wednesdays, and Thursdays from 9 a.m. to 11:00 a.m. and from 1:00 p.m. to 3:00 p.m. To make an appointment, please call (530) 573-3000.

Fee & Requirements: The fee for fingerprinting services for **volunteers is $64**. (Classified staff = $66 and Certificated staff = $49). In addition to the ***Request for Live Scan Services*** form, you must also provide an acceptable form of identification. Accepted forms of identification include a valid State-issued driver's license or Identification Card, passports, out of state driver's licenses and identification cards, and military ID cards. Payments can be accepted in cash or check only. (Please bring exact change if using cash).

PLEASE NOTE THAT AGENCY FEES ARE SUBJECT TO CHANGE

Once you are fingerprinted, the time to receive clearances varies. An approximate time frame is 1-2 weeks, however, it can take several months to clear. Even if you have been fingerprinted before, **it is against the law for different agencies to share confidential fingerprint results with each other. Therefore, even if you have been "live scanned" (fingerprinted) elsewhere, you must complete this process for LTUSD if you wish to be a Level 2 (unsupervised) volunteer.**

Revised 9/28/21

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

Print Form | Reset Form

Level 2 only

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0570
ORI (Code assigned by DOJ)

PUBLIC SCHOOL VOLUNTEER
Authorized Applicant Type

N/A
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

LAKE TAHOE UNIFIED SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

01780
Mail Code (five-digit code assigned by DOJ)

1021 AL TAHOE BOULEVARD
Street Address or P.O. Box

DANIELLE CVITANICH / EDITH ALBITER MARTINEZ
Contact Name (mandatory for all school submissions)

SOUTH LAKE TAHOE
City

CA
State

96150
ZIP Code

(530) 541-2850
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name

First Name | Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number APPLICANT WILL PAY
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City | State | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City | State | ZIP Code | Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

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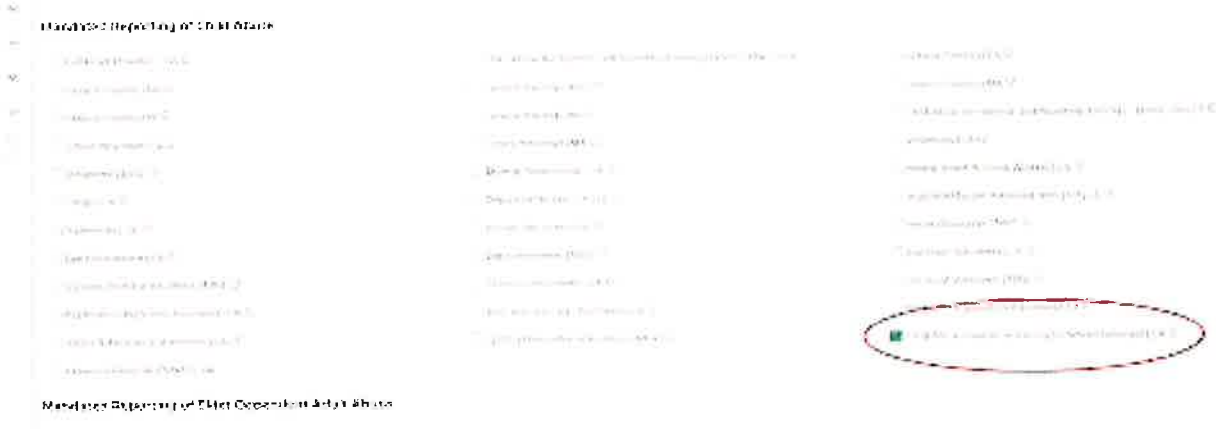
Level 2 only

New January 1, 2026 all level 2 volunteers - those that are alone with students, must take a mandated reporter training on Child Abuse prevention.

https://account.mandatedreportertraining.com/course/ca-child-abuse-prevention-training/3287975

Once at the site you will be prompted to create an account and choose your training.

The training needed is the last on the list - "Child Abuse Prevention Training for School Personnel | CA" This meets the training requirements of CA AB 1913.



Once the volunteer has completed the training, a certificate will be generated. This certificate needs to be emailed to the site secretary, and the secretary will forward this certificate to the EA to the Chief Business Officer at the District Office (currently Diana D'Angelo ddangelo@ltusd.org) The site secretary will also add all information to the volunteer database spreadsheet.

Level 2 volunteers MUST complete this training yearly, to maintain eligibility to volunteer unsupervised with students.

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