Heights Christian Schools

Welcome Letter

Dear HCS Families,

Thank you for your willingness to serve as a volunteer at Heights Christian Schools. Our volunteers are an important part of our ministry and play a valuable role in supporting classrooms, field trips, athletics, theater productions, overnight trips, and many other activities that enrich the educational experience of our students.

The safety and well-being of every child entrusted to our care is one of our highest priorities. To strengthen our child protection practices and comply with California child safety requirements, HCS has updated its volunteer process. These additional requirements are designed to provide consistent training and clear expectations for all volunteers serving in student supervision roles.

Volunteer applications generally remain active while your child(ren) are continuously enrolled at Heights Christian Schools. However, certain compliance requirements, including annual background clearance reviews, required child safety training, and other applicable certifications, must be maintained in accordance with HCS policy to remain eligible to volunteer.

As part of the updated process, volunteers will also complete the California CDSS Volunteer Child Abuse Prevention Training online at https://mandatedreporterca.com/ and review the HCS Volunteer Child Safety Packet. These trainings help ensure all volunteers understand child safety expectations, professional boundaries, reporting responsibilities, and HCS procedures for maintaining a safe environment for every student.

To become an approved volunteer, please complete the enclosed Volunteer Application Packet and return all required documents to the school office. Processing generally takes up to two weeks, so we encourage you to complete the process well before any planned volunteer activities. Volunteers who transport students must also complete the Driver Verification Form each school year.

We sincerely appreciate your willingness to partner with Heights Christian Schools. Your service helps make many of our programs and events possible, and we are grateful for your investment in our students.

If you have any questions or need assistance with the volunteer process, please contact your school office.

Thank you again for serving our HCS community.

In His Service,

Holly Lombardo, Vice President & HR Director
Heights Christian Schools

Last Updated 7/17/26

Heights Christian Schools

Volunteer Packet Overview

Volunteer Approval

All volunteers must have a completed volunteer packet on file and receive approval before participating in any school-sponsored activity involving students. Unfortunately, no exceptions can be made. Please allow approximately two weeks for processing.

Volunteer applications generally remain active while your child(ren) are continuously enrolled at Heights Christian Schools. However, certain compliance requirements, including annual background clearance reviews, required child safety training, and other applicable certifications, must be maintained in accordance with HCS policy to remain eligible to volunteer.

Volunteer Training

As part of California child safety requirements, volunteers serving in student supervision roles are required to:

- Complete the California CDSS Volunteer Child Abuse Prevention Training (online) located at https://mandatedreporterca.com/
- Review the HCS Volunteer Child Safety Packet
- Sign the Volunteer Child Safety Acknowledgment

These requirements help ensure every volunteer understands child safety expectations, professional boundaries, supervision responsibilities, and reporting procedures.

Volunteer Opportunities

Approved volunteers may serve in a variety of roles, including classroom assistance, library or computer lab support, campus events, field trips, overnight trips, athletics, theater productions, fundraising activities, clerical assistance, and other school-sponsored programs.

Volunteers who transport students for athletic events or other approved school activities must also complete the Driver Verification Form each school year before transporting students.

Required Documents

Please return the following items to the school office:

☐ Volunteer Application

☐ Volunteer Code of Conduct

☐ Confidential Background Check Authorization

☐ TB Risk Assessment

☐ HCS Volunteer Child Safety Acknowledgment

☐ California CDSS Volunteer Child Abuse Prevention Training Certificate from https://mandatedreporterca.com/

☐ Driver Verification Form (if transporting students)

☐ Copy of Government-Issued Identification

Once your packet has been processed and approved, you will be notified by the school office and issued a volunteer badge before beginning service.

Heights Christian Schools

Volunteer Code of Conduct

As a volunteer serving Heights Christian Schools, I understand that I am helping provide a safe, secure, and Christ-centered environment for every student. I agree to conduct myself in a manner that reflects the mission and values of HCS while supporting our commitment to child safety.

As a volunteer, I agree to:

1. Serve under the direction and supervision of HCS administration or school staff, follow all school policies and procedures, and perform only those duties assigned to me.
2. Sign in through the school office when volunteering, wear my volunteer identification badge as required, remain only in my assigned areas, and understand that I do not have unrestricted access to campus or school facilities.
3. Maintain professional boundaries with students at all times. I will avoid situations where I am alone with a student whenever possible and will ensure my interactions remain appropriate, observable, and related to the school activity.
4. Use respectful language and appropriate physical interactions with students. Physical contact will be limited to what is appropriate for encouragement, safety, or assistance. I will not engage in rough play, inappropriate physical contact, or any conduct that could be misinterpreted.
5. Respect the privacy of students, families, and employees by maintaining confidentiality. Information learned while volunteering will not be shared outside of appropriate school personnel.
6. Never communicate privately with students through personal text messages, email, social media, or other electronic communication, nor will I take, post, or share photographs or personal information about students or staff without school authorization.
7. Leave student discipline to HCS employees. If I observe unsafe behavior or have concerns regarding a student or situation, I will immediately notify the supervising teacher or administrator.
8. Follow all HCS transportation requirements. I will not transport students unless I have received prior approval and have a current Driver Verification Form on file with HCS.
9. Immediately report any concerns involving suspected abuse, neglect, grooming behavior, inappropriate conduct, boundary violations, or any situation that may place a student at risk. I understand that protecting students is everyone's responsibility.
10. Disclose to HCS if I am required by law to register as a sex offender. By signing below, I certify under penalty of perjury that I am not a registered sex offender, have not been convicted of a sex offense, violent felony, or disqualifying drug offense, and have no criminal charges currently pending that would affect my eligibility to volunteer.

I understand that failure to comply with this Code of Conduct or other HCS policies may result in suspension or termination of my volunteer privileges.

Volunteer Name: _____

Signature: _____ Date: _____

Last Updated 7/17/26

Heights Christian Schools

Volunteer Child Safety Form SB 848

Professional Conduct

Volunteers are expected to maintain professional boundaries with students at all times. Interactions should always be appropriate, respectful, and related to the school activity. Volunteers should avoid situations that place them alone with a student whenever possible and should conduct interactions in locations that are visible to others.

Volunteers may not engage in secretive relationships, show excessive favoritism, exchange personal gifts, communicate privately through text messages or social media, or ask students to keep secrets. Any interaction that could create the appearance of impropriety should be avoided.

Supervision Expectations

Volunteers are responsible for actively supervising students while serving in their assigned role. Students should remain within sight whenever practical, and volunteers should immediately notify a staff member if a student becomes separated from the group or if a safety concern arises.

Volunteers may supervise students only within the scope of their assigned responsibilities and under the direction of HCS staff.

Transportation

Volunteers may not transport students unless specifically authorized in advance by HCS administration and all required school procedures have been followed.

Restrooms, Locker Rooms, and Dressing Areas

Volunteers should avoid entering restrooms, locker rooms, or dressing areas unless requested by an HCS employee to assist with a specific need. Student privacy should always be respected while maintaining appropriate supervision.

Athletics, Fine Arts, Field Trips, and Overnight Events

Volunteers serving in athletics, theater, fine arts, field trips, or overnight events must maintain professional boundaries at all times. Extended supervision requires increased awareness of student safety, appropriate interactions, and accountability. Volunteers should immediately report any unsafe situation or concern to HCS staff.

Reporting Concerns

If you observe suspected abuse, neglect, inappropriate conduct, grooming behavior, boundary violations, or any situation that places a student at risk, notify the supervising administrator or HCS employee immediately. If you are a mandated reporter under California law, you are also responsible for making any required report directly to Child Protective Services or law enforcement.

Prompt reporting helps protect students and allows HCS to respond appropriately.

Acknowledgment

I acknowledge that I have completed, or will complete prior to volunteering, the California CDSS Volunteer Child Abuse Prevention Training. I have received and reviewed the HCS Volunteer Child Safety Packet and understand my responsibility to follow these expectations while serving Heights Christian Schools. I agree to help maintain a safe environment for all students and to report any concerns immediately.

Volunteer Name: _____ **Campus:** ☐ BL ☐ BR ☐ LM ☐ RA

Signature: _____ **Date:** _____

Heights Christian Schools

Volunteer Application

Please print in ink and fill out completely. Please allow two weeks for processing. You will be notified when the process is complete, and you are eligible to volunteer.

Current Volunteer Area(s) of Interest: Check all that apply.

☐ Preschool ☐ Elementary ☐ Intermediate ☐ Jr. High ☐ Athletics ☐ Student Activities
☐ Extended Trips ☐ Field Trips ☐ Office ☐ Fundraising ☐ Other: _____

Student Name: _____

Volunteer Name: _____ Date of Birth: _____

Driver's License #: _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Number of Years at present address: _____ If less than two years, please give previous address:

Previous Address: _____

City, State, Zip: _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed** Spouse's Name: _____

Occupation: _____ Place of Employment: _____

Employment Address: _____

THE FOLLOWING QUESTIONS ARE PART OF A PROCESS TO HELP PROVIDE A SAFE ENVIRONMENT FOR OUR STUDENTS.

All information is confidential.

1. Have you ever been arrested, and/or convicted of, or pleaded guilty to any crime? ☐ **Yes** ☐ **No**

2. Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing, or molesting any child? *This includes sexual misconduct with a minor.* ☐ **Yes** ☐ **No**

A. *If you answered "Yes" to either of the above questions, please explain in detail, including dates and place of incident:*

_____

_____

_____

Applicant's Statement: The information contained in this application is correct to the best of my knowledge. I give Heights Christian Schools (HCS) the right to secure information about me. I hereby release from liability and hold harmless HCS and its representatives from any and all costs, claims, losses, liabilities or damages arising from or in any way related to my service as a volunteer.

Signature: _____ Date: _____

Required for all applicants under 18 years of age:

Parent or Guardian Signature: _____ Date: _____

Please attach a letter of reference from either Pastor/School Teacher or Previous Volunteer Supervisor.

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Background Authorization

Fill in all Blanks and **Print Clearly**

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: ___

Home Phone: _(_____)___–_____ Social Security #: _____–_____–____

School Campus: ☐ BL ☐ BR ☐ LM ☐ RA

***IMPORTANT**: A background check cannot be completed without all the above information, including a Social Security Number. Parents who have not received clearance cannot serve as volunteers.*

Acknowledgment

I understand that in the interest of protecting our students, all volunteers participating in school field trips or other activities are subject to a **Confidential Background Check**.

I understand that the results of the background check will remain confidential and will not be disclosed, distributed, or shared with anyone other than as necessary within the school administration.

I hereby request Heights Christian Schools to search for any information that pertains to any record of conviction, or any criminal file maintained on me whether local, state or national. I hereby release said agency from any and all liability resulting from such disclosure.

I certify by my signature below that I have not been convicted of a felony, and all of the information provided above is true and accurate.

Signature:_____ **Date:**_____

Office Use Only

Search Initiated On: Date: _____ By:

Reply Received On: Date: _____ ☐ Clear ☐ Not Clear

School Notified On:

Date: _____Via: _____ By:

Last Updated 7/17/26

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).

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 Birth: _____mo./_____day/_____yr.

Date of assessment and/or examination: ____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[1] 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):

[1] HCP, 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

California School Employee Tuberculosis (TB) Risk Assessment Questionnaire

(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.

California School Employee Tuberculosis (TB) Risk Assessment Questionnaire

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

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.

California School Employee Tuberculosis Risk Assessment Frequently Asked Questions

Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead?

Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed?

No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

California School Employee Tuberculosis Risk Assessment Frequently Asked Questions

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a **documented** positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.

What screening is required for someone who has a history of a positive TB test or TB disease at hire?

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 previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes "frequent or prolonged contact with pupils"?

Examples of what may be considered "frequent or prolonged contact with pupils" include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does "determined to be free of infectious tuberculosis" mean on the Certificate of Completion?

"Determined to be free of infectious TB" means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

California School Employee Tuberculosis Risk Assessment Frequently Asked Questions

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2024) (cdc.gov/tb/media/pdfs/Latent-TB-Infection-A-Guide-for-Primary-Health-Care-Providers.pdf). If you have specific TB screening or treatment questions, please contact your local TB control program (ctca.org/locations.html).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers' Association

  ctca.org/providers

- California Department of Public Health, Tuberculosis Control Branch

  (510) 620-3000

  cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx

- California School Nurses Organization

  (916) 448-5752 or email csno@csno.org

  csno.org

Heights Christian Schools

Driver Verification (if applicable)

This form must be complete and approved <u>prior</u> to transporting students.

I volunteer to drive my personal vehicle and provide transportation for students to and from various field trips, sporting events, and cheer events. This authorization is valid from the beginning for September _____ through June _____.

1. Driver Name: _____
2. CA Driver's License Number: _____ Exp. Date: _____
3. Vehicle Year: _____ Vehicle Make: _____
4. Vehicle in Safe Operation Condition: _____
5. Insurance Policy Number: _____ Exp. Date: _____
6. Insurance Company and Agent: _____
7. Insurance Policy Limits*: _____

*The minimum limits for volunteer drivers is to be no less than ***$50,000 per person/$100,000 per accident or $100,000 combine single limit***. In accordance with California law, the insurance on a specific vehicle is the primary coverage in the event of an accident. The insurance of HCS becomes effective once the policy limits of the specific vehicle are exhausted. Additionally, ***California law mandates that all parties being transported in a motor vehicle be secured with a shoulder strap, lap strap/belt, or both***.

You will carry only the number of passengers for which your vehicle was designed. In no case will you drive a vehicle with the capacity to carry more than 10 persons (the driver plus nine passengers). Vehicles that have a capacity to carry more than 10 occupants constitutes a school bus and requires a special license.

I have read the above statement and fully understand that my person auto insurance is the primary insurer if an accident should occur during the course of the trip.

☐I have attached a copy of my Driver's License and Insurance Policy.

Driver Signature: _____ Date: _____

Driver Address: _____

Driver Phone Number: _____