Sacramento
City Unified
School District

LEONARDO DA VINCI TK – 8 SCHOOL
4701 Joaquin Way
Sacramento, CA 95822
(916) 395-4635 • FAX (916)277-6806
Devon Davis, Principal
Tiffany Ballard, Assistance Principal

DATE: June 21, 2024

RE: FINGERPRINTING 2024-2025

Welcome to Leonardo da Vinci School (LDV) and thank you for your interest in offering volunteer services for our students.

There is a $47 fee for fingerprinting with the district office, Serna Center 5735 47th Avenue 95824. You must make an appointment, as the volunteer slots are limited by calling 916-643-9050 or by requesting an appointment using this link: Fingerprint Appointment. Bring the appropriate form driver license, and fee. Acceptable forms of payment are exact cash, check, money order, ATM or credit card.

The other fingerprinting option is to use an outside live scan facility. There is one located at 5706 Broadway 95820, open Monday through Friday from 9-6pm and no appointment is necessary. Their fee is also $47 along with a rolling fee of $15-$25; please be prepared monetarily if you choose this option. This location is one utilized out of many in the area.

It may take up to six weeks for clearance. Reach out to your student's class manager or field trip coordinator regarding cleared status.

Thank you,

Devon Davis
Principal

AUTHORIZED APPROVAL

LEONARDO DA VINCI

SITE/PROGRAM: DEVON DAVIS 26-27 SCHOOL YEAR

Devon Davis

SITE ADMINISTRATOR SIGNATURE DATE

*Site Administrator's signature is mandatory to apply as a SCUSD Volunteer PRIOR to bringing packet to Serna Center.

NOTE: Site Administrator or Department Designee's Signature is mandatory to apply as a SCUSD Volunteer
Education Code §3502 prohibits the District from allowing a person required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code § 290.4

BUDGET CODE: _____

IMPORTANT: This form is for ALL VOLUNTEERS or those working in programs where such screening is required. The prospective volunteer is instructed to bring this form, along with a valid California Driver's License or California Identification Card, plus their Social Security number to the Customer Service Specialist in the Serna Center in order to initiate the fingerprint and background check process. There is a fee of $47 for this process. If the site is paying the cost, please add budget code above. If the volunteer is paying for the cost, we accept cash (only exact change), debit or credit card.

Prior to beginning any assignment, SCUSD Board policy requires that all volunteers be cleared to work by the Department of Justice.

I understand this requirement and **will not volunteer** with the District until clearance is received from the SCUSD Human Resources Office.

I have received a copy of the SCUSD rules and regulations for volunteers [BP1240 and AR 1240].

I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents and volunteers from any and all liability arising out of or in connection with this background check and all liabilities associated with and all claims related to this background check. For the purpose of this release, "liability" means all claims, demands, losses, causes of action, suits or judgements of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.

Signature _____ **Date**_____

Human Resource Services

Fingerprinting Requirements

Section 44830.1 of the Education Code of the State of California requires that: *"In addition to any other prohibition or provision, no person who has been convicted of a violent or serious felony shall be employed by a school district in a position requiring certification qualifications or supervising positions requiring certification qualifications. A school district shall not retain in employment a current certificated employee who has been convicted of a violent or serious felony, and who is a temporary employee, a substitute employee, or a probationary employee. . . "*

State law* and the Sacramento City Unified Board of Education** require all classified and certificated employees to be fingerprinted within ten working days of their date of employment and before actually beginning their employment. The cost of fingerprinting is to be paid by the employee or volunteer. (*Education Code Section 45125; **Board of Education Policies AR 4212.5[a])

Please note: We do accept ATM or credit cards as payment for fingerprinting services. We also accept cash (exact amount please, we do not have change)

I, the undersigned, have read the above information, have received instructions for fingerprinting, and agree to fulfill these obligations and requirements for completion of my employment or volunteer application. Failure to comply will preclude any employment or result in termination and/or removal from being an active volunteer for Sacramento City Unified School District.

Please check appropriate box: ☐ Certificated Employee ☐ Classified Employee ☐ Volunteer ☐ Contractors

PRINT NAME _____ SIGNATURE _____

SOCIAL SECURITY NUMBER _____ DATE _____

A conviction may not necessarily disqualify you from the volunteer job for which you have applied. Convictions include diversionary offenses, or other offenses that have been plea-bargained, or for which you have pleaded no contest. **Failure to reveal convictions is grounds for immediate termination and/ or removal from the site.**

- Have you ever been convicted of a felony or misdemeanor? Yes____No____
- If the answer is YES, please explain (on the other side of paper):

INSTRUCTIONS FOR FINGERPRINT PROCESSING

Fingerprinting is done at the Serna Center, Human Resources Services, 5735 47th Avenue, Sacramento, CA 95824. Hours are 8:00 a.m. - 5:00 p.m., Monday-Friday. **By appointment only**



PHOTO ID IS REQUIRED

Please return this document to Human Resource Services at the date of your appointment. **Employment and Volunteer consideration is contingent upon fingerprint clearance.** If you have any questions, please call Human Resource Services at (916) 643-9050.

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

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0283
ORI (Code assigned by DOJ)

Authorized Applicant Type

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

Contributing Agency Information:

Sacramento City Unified School District
Agency Authorized to Receive Criminal Record Information

03353
Mail Code (five-digit code assigned by DOJ)

5735 47th Ave
Street Address or P.O. Box

Cancy McArn, Chief Human Resources Officer
Contact Name (mandatory for all school submissions)

Sacramento
City

CA
State

95824
ZIP Code

(916) 643-7452
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name

First Name | Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(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