MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT VOLUNTEER PACKET

Volunteer process for MTUESD is as follows: Once all forms are filled to completion, we will send over the fingerprint from the County Office of Education (CCOE) 209-736-4662, you will need to call to make an appointment with CCOE and we will send you a link to our online trainings. Once all those steps are completed, you are ready to volunteer! All forms can be turned into any MTUESD site.

- ☐ Completed School Volunteer Application
- ☐ Completed T.B. Risk Assessment Form
- ☐ Completed Referral Form
- ☐ Copy of I.D.
- ☐ Completed Public Works Trainings

Mark Twain Union Elementary School District Office
981 Tuolumne Avenue / P.O. Box 1359
Angels Camp, CA 95222
209-736-1855

Mark Twain Elementary School
646 Stanislaus Street / P.O. Box 1239
Angels Camp, CA 95222
209-736-6533

Copperopolis Elementary School
217 School Street
Copperopolis, CA 95228
209-782-3500

MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT

981 Tuolumne Ave · P.O. Box 1359 · Angels Camp, CA 95222 · 209.736.1855

School Volunteer Application

Information provided on this form is confidential and will be used for Volunteer Program purposes only.

Date: _____

Circle requested school site: Copperopolis Elementary Mark Twain Elementary

Your full legal name:

_____

Mailing Address: _____

Physical Address: _____

Email: _____

Home Phone: _____ Cell Phone/Alternate Phone: _____

***Please attach a copy of your current valid CA Driver's License or CA I.D. Card. Volunteers must be over 18.**

Do you have children or grandchildren in our schools?	YES	NO

Volunteer Experience: _____

Do you have any criminal charges pending against you?	YES	NO
Have you ever been convicted of any sex offense?	YES	NO
Have you been convicted of a felony in the last five years?	YES	NO
Are you required to register as a sex offender under Penal Code 290.95?	YES	NO
Have you ever been convicted of a crime against a minor?	YES	NO

If you answered yes to any question above please explain on the reverse side of this application.

I understand that the district may research my personal and professional background. I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. I also understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. As a guest and volunteer of the school district, I may have occasional or frequent contact with students. I understand that this requires me to disclose to school officials if I am a registered sex offender. As stated in Penal Code 290.95, my failure to disclose this fact could result in a fine and/or possible arrest, prosecution, and imprisonment.

By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender required to register with school officials under Penal Code 290.95. I further declare that I have not been convicted of sex or drug related offenses or crimes of violence and that there are no criminal charges against me. I agree to abide by the district's safety and health rules and regulations.

Signature: _____ Date: _____

To be completed by MTUESD Office: **TB Expiration Date:** _____ **Livescan Clearance** _____

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 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):

Calaveras County Office of Education/School Districts
Cooperative Centralized Fingerprinting Program
Referral Authorization

Please contact at the Calaveras County Office of Education, Personnel Services Department, 209.736.6000 to schedule an appointment to be fingerprinted. You will need to present a valid photo ID at the time of your appointment. The County Office is located at 185 S. Main Street, Angels Camp, CA.

APPLICANT INFORMATION
Applicant to complete

Last Name First Name

Address

Social Security Number Birthdate

Have you lived outside California within the last 7 (seven) years? (please circle one) YES NO

PICTURE IDENTIFICATION:

Drivers License Number State

Alternate ID: Type Number

AUTHORIZATION FOR RELEASE OF INFORMATION
Applicant to Read and Sign

Information obtained through the criminal history report will be maintained in the strictest of confidence by CCOE and the district(s) and will not be provided to anyone outside the CCOE/school district.

Your signature below indicates your agreement and acknowledgment of the following:

1. I hereby authorize the Calaveras County Office of Education to obtain and true and correct copy of my criminal history report from the California Department of Justice.
2. I hereby authorize and direct the Calaveras County Office of Education to release to the potential employing district(s) my criminal history information received from the California Department of Justice.
3. I hereby release the Calaveras County Office of Education and the potential employing district(s) from liability for damage (except damage arising from fraud, misrepresentation, violation of law, or willful misconduct) which may result from the Calaveras County Office of Education's release of my criminal history report to the potential employing district(s).
4. I understand that these fingerprints will be sent to the California Department of Justice and/or Federal Bureau of Investigation for clearance; that my criminal history, if any, may be disclosed to any public or private agency utilizing my services; and that these records will be handled confidentially in conformance with California State law.

Applicant's Signature _____ Date _____

DISTRICT INFORMATION

To ensure that the criminal history report and any subsequent arrest notification is sent to the appropriate agency, check fingerprinting services as needed.

- ❑ Calaveras Youth Mentoring Program - Volunteer
- ❑ Young Adult Mentoring Program - Volunteer/Mentee
- ❑ FNL Mentoring Program - Advisor
- ❑ Independent Living Program - Volunteer/Mentee
- ❑ Greifbusters Volunteer

District/Agemcy Name:

- ❑ **Substitute/Temporary Employee**
- ❑ **District Employee/Applicant**

APPLICATION FOR EMPLOYMENT AS SCHOOL EMPLOYEE:

Position Title: _____

- ❑ **Classified**
- ❑ **Certificated**
- ❑ **Volunteer**
- ❑ **TCC/Cred (dual)**

CRIMINAL HISTORY SUMMARY REQUESTED:

- ❑ ***Both DOJ & FBI Clearance***
- ❑ *DOJ Clearance Only (this service is for Certificated staff ONLY as long as they have lived in CA the last 7 years)*

I certify that the above applicant and district information has been verified and is true and correct to the best of my knowledge.

District Custodian of Records Signature **Date**