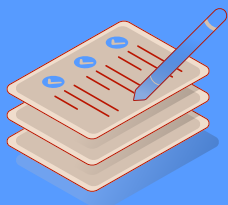




SCHOOL VOLUNTEER PROGRAM

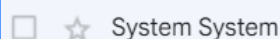
Success Factors, ATI and Reprint Information 2025-2026

1 - 4



- Go into the Success Factors site
- Apply
- Create an account
- Accept the Data Privacy Statement

5 - 6



- Activation email from SystemMessage@successfactors.com
- Candidate ID
- Link to activate profile



Dear [REDACTED] (Candidate ID: 429874)

Your Account has been created. Please validate your email.

[Click Here](#)

Best Regards,
LAUSD Recruiting Team

*** This is an autogenerated email***



System System <system@successfactors.com>

To:

Retention: LAUSD 2 Year Deletion - Default Folders (2 years) Expires: Sun 3/14/2027 1:06 PM

⚠ This sender system@successfactors.com is from outside your organization.

CAUTION: EXTERNAL EMAIL

REGIONS

EAST (323) 224-3382

NORTH (818) 654-3600

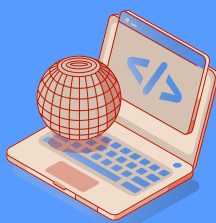
SOUTH (310) 354-3230

WEST (310) 914-2124

VIRTUAL (213) 241-0113



7 - 12



- Continue to apply
- Use your credentials to Sign-In
- Enter Candidate Information
- Enter Work Location (All Locations)
- Save



SCHOOL VOLUNTEER PROGRAM

Success Factors, ATI and Reprint Information 2025-2026

WHERE TO LOCATE THE ATI, DATE OF FINGERPRINTS, LOCATION OF FINGERPRINTS AND LAST 4 DIGITS OF SSN

REQUEST FOR LIVE SCAN SERVICE DOCUMENT

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
PAGE 1 OF 4

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) **APPLYING** **VOLUNTEER/VCA** **APPLYING**

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

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box City State Zip Code

Contact Name (mandatory for all school submissions) Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias)

Date of Birth Sex Male Female Nonbinary/Unspecified

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security 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 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 City State Zip Code Telephone Number (optional)

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency LSID ATI Number

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
PAGE 2 OF 4

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) **APPLYING** **VOLUNTEER/VCA** **APPLYING**

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

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box City State Zip Code

Contact Name (mandatory for all school submissions) Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last Name First Name Middle Initial Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address (Street Address or P.O. Box) City State Zip Code

Your Number: (OCA Number Agency Identifying Number) Level of Service: ☐ DOJ ☐ 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 City State Zip Code Telephone Number (optional)

APPLICANT DIGITAL SIGNATURE

Digital Signature

DATE: Month Day Year

Privacy Notice (not for use)

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Service (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4000-9021, 7594-7594.16, 8000-8009, 11200-11206, and 12000-12006. Level Code sections 11100-11112, and 11077.1; Health and Safety Code sections 12322, 141620-141630, 15000-15005, 15006-15007, 15008-15009, 15010-15011, 15012-15013, and 15014-15015; Family Code sections 6100-6100.5, 6100-6101, and 6100-6102; Penal Code sections 26100-26101, 26102-26103, 26104-26105, 26106-26107, 26108-26109, 26110-26111, 26112-26113, and 26114-26115; Education Code sections 44000-44001, 44002-44003, 44004-44005, 44006-44007, 44008-44009, 44010-44011, 44012-44013, 44014-44015, 44016-44017, 44018-44019, 44020-44021, 44022-44023, 44024-44025, 44026-44027, 44028-44029, 44030-44031, 44032-44033, 44034-44035, 44036-44037, 44038-44039, 44040-44041, 44042-44043, 44044-44045, 44046-44047, 44048-44049, 44050-44051, and 44052-44053; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that need to obtain information as to the evidence and content of a record of state or federal convictions to determine eligibility for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://reg.ca.gov/privacy-policy>.

INFORMATION FOR REPRINTS

LOCATION OF FINGERPRINTS

DATE OF FINGERPRINTS

INFORMATION FOR REPRINTS

Information to be entered by designee and/or approver

ENTER THE ATI, DATE OF FINGERPRINTS, LOCATION OF FINGERPRINTS, LAST 4 DIGITS OF SSN and candidate ID

ATI # *

Location Of Fingerprints *

Candidate ID *

Date Of Fingerprints *

Last 4 Digits of SSN *



SCHOOL VOLUNTEER PROGRAM

Success Factors, ATI and Reprint Information 2025-2026

APPLICANT REPRINT NOTICE

If a reprint is necessary...

STATE OF CALIFORNIA

DEPARTMENT OF JUSTICE
Bureau of Criminal Information and Analysis
P.O. Box 903417
Sacramento, CA 94203-4170

DATE: 09/06/2024

CAUDPD LOS ANGELES
333 S BEAUDRY AVENUE
LOS ANGELES CA 90017

RE: DOJ APPLICANT FINGERPRINT SUBMISSION
***** DOJ APPLICANT REJECT NOTICE *****

APP ORI: A0052
APP NAME:
APP TYPE: VOLUNTEER/VCA
APP TITLE: VOLUNTEER
APP SERVICE REQUESTED: FBI/
OCA:
SID:
DOB:
SSN:
CDL:
ATI: B250STS580
OATI:
DATE SUBMITTED: 09/06/2024
SCN #: UU7R2500007

APP ADDRESS:

The Department of Justice was unable to process the applicant fingerprint transaction for this individual due to the reason listed below. The applicant must be re-fingerprinted either electronically at any Live Scan site, or, if the individual resides out-of-state, on a standard FBI applicant fingerprint card (FD-258).

This applicant fingerprint submission was rejected for the following reason(s):
Fingerprint Quality Too Low To Be Used

To resubmit this transaction, please reference the ORIGINAL APPLICANT TRACKING

IDENTIFIER (OATI) XXXXXXXXXX. If a fingerprint card is used for the re-submission, this OATI number must be recorded in the class line area of the fingerprint card.

THE APPLICANT AGENCY:

If you have a subsequent arrest contract, or you are otherwise entitled to subsequent arrest information, you cannot receive subsequent arrest notification service on this applicant without re-submitting.

Any previous response regarding this applicant submission is invalid.

You may re-submit once based on these instructions without incurring additional processing fees.

- The Principal will receive an email from the Student, Family and Community Engagement (SFACE) Office including the Reprint Letter
- The Principal is to print the letter and provide it to the applicant
- The applicant has 30 days to reprint
- If the applicant does not reprint within 30 days, the applicant must print as a new applicant
- The Applicant must set up a Live Scan appointment at the same location they originally went and provide them the Reprint Letter
- The same ATI number must be used when the applicant reprints. (This information is provided on the letter)
- Applicant must provide the school with the new Live Scan date and the school must update the application in the Volunteer Management System.
- The school must send an email to families@lausd.net advising of the updated information and provide the volunteer ID and applicant name

For more information visit
families.lausd.org