

Gold Oak Union School District



GOLD OAK UNION SCHOOL DISTRICT

Volunteer Packet

2025/2026



Gold Oak Union School District

3171 Pleasant Valley Road • Placerville, CA 95667 • 530-626-3150

www.gousd.org • Jennifer Kloczko, Superintendent

Board of Trustees: Roy Boyd • Christina Karle • Aaron Lockhart • Jerald Soracco • Chris Vinton

Dear Parent /Guardian,

Re: All School Volunteers

In an effort to continue our dedication to the safety of our students, the volunteer process/requirements are outlined below. We have certain obligations that we must fulfill when anyone works with our students. In addition, we all agree that we must do everything we can to ensure that the adults we entrust to our children meet all of the criteria required.

Please take the time to read the enclosed information. ***Current volunteers must sign a Confidentiality Agreement at the start of each school year.*** If you are interested in becoming a volunteer on campus, all the documents below must be completed and returned to the School Office.

1. Confidentiality Agreement – must be completed each school year
2. Volunteer Data Form
3. Copy of your driver's license or State ID

You may begin the process of Level 1 or Level 2 by submitting your Data Form, Confidentiality Agreement and copy of your driver's license to the School Office. If you are requesting a Level 2 Volunteer position, you will need to be fingerprinted – see reverse side for information. Please allow 3-4 days for Level 1 clearance. Level 2 requires clearance from the California Department of Justice. Clearance for both Level 1 and Level 2 are required prior to volunteering on campus (as of 9/3/2013).

You will find information and Board Policies regarding Bloodborne Pathogens and Tobacco Free Schools on the Gold Oak School District website (www.gousd.org)

Thank you for your cooperation. Together we can work to keep our district a safe and secure place for our students to learn.

Please contact the School Office if you have any questions or need more information.

Sincerely,

Jennifer Kloczko
Superintendent/Principal

Gold Oak Union School District

Volunteer Policy – Levels of Clearance

Levels of Clearance

The following procedures are mandatory for all individuals who will be participating in school sponsored activities. Requirements for each level of clearance are listed below.

Level 1:

Description:

- Volunteer is never alone with students and is under the direct supervision of the teacher, AND
- Volunteer is an occasional classroom volunteer (not more than twice per month), OR
- Volunteer is attending a day field trip or special activity

Requirements:

- Complete Volunteer Packet
- Copy of Driver's License
- Megan's Law Website checked *

Level 2:

Description:

- Coach or overnight chaperone, OR
- Volunteer is a regular classroom volunteer (once or more per week and/or scheduled on a regular basis, more than twice per month)

Requirements:

- Complete Volunteer Packet
- Copy of Driver's License
- Megan's Law Website checked *
- Fingerprinting **

* The Megan's Law website provides current information regarding registered sex offenders.

** Fingerprinting provides information on criminal history (arrests and convictions). A volunteer is only fingerprinted once. The fingerprints stay on file and the district is notified if a volunteer is subsequently arrested.

Gold Oak Union School District Volunteer I

Return application and other required documents to school(s) of choice

Please print legibly and fully complete application

Last Name: _____ First Name: _____ MI. _____ Birthdate: _____
Address: _____ Email: _____
City/Zip: _____ Cellphone: _____
School _____ Please provide name(s) of students: _____

Have you ever been convicted of a felony or a misdemeanor? _____ Yes _____ No

Have you ever been required to register as a sex offender? _____ Yes _____ No

If yes, please explain at the bottom of this application. This will allow us to further understand the nature of the offense. (Use additional pages if needed)

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school official if you are a registered sex offender. Failure to disclose your status as a registered sex offender is a violation of Penal Code 290.95 and is a crime punishable by imprisonment and/or fine. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District. I further declare that if I am, subsequent to this date, convicted of a felony or misdemeanor, I will immediately notify the District of such conviction.

I hereby waive any responsibility or liability against the Gold Oak Union School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information in the volunteer handbook. I agree to comply with the guidelines set forth in the volunteer handbook, and understand that failure to do so may result in the termination of my volunteer authorization.

By signing this Volunteer Application, I agree to maintain strict confidentiality with the information to which I have access while performing my volunteer duties. I understand that all information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher directly responsible for the child and/or school administration.

Signature: _____ Date _____

Gold Oak USD Volunteer I Checklist

- ☐ Submit Volunteer I Application Form – annual requirement
- ☐ Signed Volunteer Responsibilities Form & Confidentiality Agreement (annual)
- ☐ Provide proof of identification, such as a California Driver's License, California ID, etc.
- ☐ Submit a negative TB test clearance – submitted every four years thereafter
 - ☐ Complete a [TB Risk Assessment Questionnaire](#) on years 2,3 and 4 between TB Tests

- ☐ Human Resources will conduct a Megan's Law National Search Review of your name
- ☐ Read and understand the GOUSD Volunteer Handbook
- ☐ Submit Volunteer I application to your school office
- ☐ Contact school or student's teacher for volunteer opportunities

Office Use Only

Site: Proof of Identification: Type_____ #_____

Site: Megan Law Review by: _____ Date_____

Site Approval _____ Date_____ Volunteer Badge:_____

Volunteer Location: School_____ Classroom_____ Coach_____

Human Resource/Site: TB Date_____

Human Resources: DOJ_____ FBI_____

Gold Oak Union School District Volunteer II
Return application and other required documents to school(s) of choice
Please print legibly and fully complete application

Last Name: _____ First Name: _____ MI. _____ Birthdate: _____
Address: _____ Email: _____
City/Zip: _____ Cellphone: _____
School _____ Please provide name(s) of students: _____

Have you ever been convicted of a felony or a misdemeanor? _____ Yes _____ No
Have you ever been required to register as a sex offender? _____ Yes _____ No
If yes, please explain at the bottom of this application. This will allow us to further understand the nature of the offense. (Use additional pages if needed)

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school official if you are a registered sex offender. Failure to disclose your status as a registered sex offender is a violation of Penal Code 290.95 and is a crime punishable by imprisonment and/or fine. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District. I further declare that if I am, subsequent to this date, convicted of a felony or misdemeanor, I will immediately notify the District of such conviction.

I hereby waive any responsibility or liability against the Gold Oak Union School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information in the volunteer handbook. I agree to comply with the guidelines set forth in the volunteer handbook, and understand that failure to do so may result in the termination of my volunteer authorization.

By signing this Volunteer Application, I agree to maintain strict confidentiality with the information to which I have access while performing my volunteer duties. I understand that all information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher directly responsible for the child and/or school administration.

Signature: _____ Date _____

Gold Oak USD Volunteer II Checklist

- ☐ Submit Volunteer II Application Form – annual requirement
- ☐ Signed Volunteer Responsibilities Form & Confidentiality Agreement (annually)
- ☐ Provide proof of identification, such as a California Driver's License, California ID, etc.
- ☐ Submit a negative TB test clearance – submitted every four years thereafter
 - ☐ Complete a [TB Risk Assessment Questionnaire](#) on years 2,3 and 4 between TB Tests
- ☐ DOJ and FBI Fingerprint Clearance

- ☐ Undergo a background check (Department of Justice -DOJ and Federal Bureau of Investigation -FBI) (Form available at school office)
- ☐ Read and understand the GOUSD Volunteer Handbook
- ☐ Contact school or student's teacher for volunteer opportunities

Orientation Date: _____

Office Use Only

Site: Proof of Identification: Type _____ # _____

Site: Megan Law Review by: _____ Date _____

Site: Proof of Identification: Type _____ # _____

Site Approval _____ Date _____

Volunteer Location: School _____ Classroom _____ Coach _____

Human Resource/Site: TB Date _____

Human Resources: DOJ _____ FBI _____

Gold Oak USD Volunteer III (Athletic and Activity Coach) Application

Return application and other required documents to school(s) of choice

Please print legibly and fully complete application

Last Name: _____ First Name: _____ MI. _____ Birthdate: _____

Address: _____ Email: _____

City/Zip: _____ Cellphone: _____

School _____ Please provide name(s) of students: _____

Have you ever been convicted of a felony or a misdemeanor? _____ Yes _____ No

Have you ever been required to register as a sex offender? _____ Yes _____ No

If yes, please explain at the bottom of this application. This will allow us to further understand the nature of the offense. (Use additional pages if needed)

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school official if you are a registered sex offender. Failure to disclose your status as a registered sex offender is a violation of Penal Code 290.95 and is a crime punishable by imprisonment and/or fine. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District. I further declare that if I am, subsequent to this date, convicted of a felony or misdemeanor, I will immediately notify the District of such conviction.

I hereby waive any responsibility or liability against the Gold Oak Union School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information in the volunteer handbook. I agree to comply with the guidelines set forth in the volunteer handbook, and understand that failure to do so may result in the termination of my volunteer authorization.

By signing this Volunteer Application, I agree to maintain strict confidentiality with the information to which I have access while performing my volunteer duties. I understand that all information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher directly responsible for the child and/or school administration.

Signature: _____ Date _____

Gold Oak USD Volunteer III Checklist

- ☐ Volunteer III Application Form – annual requirement
- ☐ Signed Volunteer Responsibilities Form & Confidentiality Agreement (annually)
- ☐ Provide proof of identification, such as a California Driver's License, California ID, etc.
- ☐ Submit a negative TB test clearance – submitted every four years thereafter
 - ☐ Complete a [TB Risk Assessment Questionnaire](#) on years 2,3 and 4 between TB Tests
- ☐ DOJ and FBI Fingerprint Clearance

- ☐ Undergo a background check (Department of Justice -DOJ and Federal Bureau of Investigation -FBI) (Form available at school office)
- ☐ Read and understand the GOUSD Volunteer Handbook
- ☐ Ask the school office staff or Human Resources to provide links to the training sources listed on back of this page.

Submit to your school office:

- ☐ Volunteer III Application (annual requirement)
- ☐ TB clearance (new clearance required every 4 years)
- ☐ Confidentiality Agreement
- ☐ Valid CPR/AED and First Aid card (biennial requirement)
- ☐ Certificate of Completion – Child Abuse Mandated Reporter (annual requirement)
- ☐ Certificate of Completion – Concussions in Youth Sports (biennial requirement)
- ☐ Certificate of Completion – Sudden Cardiac Arrest Prevention (biennial requirement)
- ☐ School Nurse Consultation

☐ **Office Use Only:**

Site: Proof of Identification: Type _____ # _____

Site Approval _____ Date _____ Orientation Date: _____

Volunteer Location: School _____ Classroom _____ Coach _____

Human Resources: DOJ _____ FBI _____

Gold Oak Union School District



Volunteer Handbook

2025/2026



Gold Oak Union School District
Attention: HR/District Office
3171 Pleasant Valley Road
Placerville, CA 95667

www.gousd.org

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Welcome Volunteers!

The Volunteer Program at Gold Oak Union School District ("GOUSD") is designed to encourage parents and community members to volunteer, while ensuring that steps are taken to protect the safety and interests of our students and staff. We thank you for your commitment and interest in public education and in the young people of our community.

A school volunteer is willing to take the time to share wisdom and experience with those on the threshold of the future...our students. A school volunteer helps to expand and enrich students' learning experiences by working under the direction of school staff. Your involvement on our campus shows our students that you are concerned, that you value them as young people, and that you want to help them succeed and be the best they can be.

GOUSD is fortunate to have you in our community. You help foster strong school/community relationships by creating a common ownership in the success of our schools, as well as demonstrating the importance of community service to our students.

Volunteering is tangible evidence of strong community support. As a district, we are privileged to have and enjoy your strong support. We hope that your volunteer experience will encourage others to join you. Education is a team effort, and volunteers are a very critical part of the school team.

The GOUSD Volunteer Handbook should serve as a reference for our volunteers. The guidelines and regulations contained herein have been established to provide a highly effective Volunteer Program that ensures a safe environment for you, the students and our staff members.

We are extremely appreciative of our community resources and thank you for sharing your precious time, individual talents, and expertise as a school volunteer.



Guidelines for Volunteers

Students observe and learn from the behavior of the adults around them. Volunteers are expected to exhibit proper decorum, good manners, respect and kindness toward children and adults alike. Volunteers should not try to be a “peer” or “buddy” to students; children are best served when grown-ups behave as responsible adults.

Volunteers must follow and comply with the rules and direction(s) of GOUSD, the site administrator, teacher or other supervisor(s) and should not substitute their own personal judgment for that of the supervisor. For example, volunteers should not introduce new concepts, assign grades to students, call a student’s parents, or offer any services not authorized by a supervisor.

Appropriate boundaries, personal privacy, and student safety are of paramount concern. By way of illustration, and not limited, volunteers may **not**:

- Leave students unsupervised
- Give any information about any student to anyone other than the volunteer's supervisor; requests for student info should be referred to the volunteer's supervisor or the school office
- Place their hands on a student
- Give any food or candy to a student unless directed to by a site administrator, teacher or other supervisor(s)
- Loan or borrow money from any students
- Hold any student’s property
- Talk to students about the volunteer’s personal life

Whenever you have questions, please ask your supervisor.

All volunteers serve at the pleasure of the site administrator. At all times, the site administrator has the right to direct or terminate a volunteer’s service on campus.



Volunteer Responsibilities

By volunteering with the GOUSD, you have a responsibility to GOUSD and to your fellow volunteers to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that the learning environment is not compromised. When a person is aware that they can fully depend upon others to follow the rules of conduct, then our organization is a better place to work and learn for everyone. Volunteers should become familiar with the specific rules at the site(s) and classrooms at which they volunteer.

PLEASE CHECK EACH OF THE VOLUNTEER DUTIES AND RESPONSIBILITIES LISTED BELOW TO ACKNOWLEDGE YOUR UNDERSTANDING.

As a volunteer for GOUSD, I acknowledge and understand that it is my duty and responsibility to:

- Sign in and sign out at the school office when entering and exiting the school campus.
- Develop a partnership with an assigned teacher or staff member.
- Be reliable, friendly, and flexible.
- Comply with the directions and rules of the assigned teacher or staff member.
- Report any suspected child abuse to the Principal/Designee immediately.
- Dress according to the school site dress code.
- Wear the assigned identification badge when volunteering.
- Become familiar with the bell schedule at the school.
- Follow the school's "Chain of Command" and protocol.
- Use the school map to become familiar with the facilities.
- Review the school's emergency, disaster, fire and evacuation procedures.
- Read and understand the GOUSD Volunteer Handbook.
- Abide by all applicable school rules and GOUSD policies and regulations.
- Maintain a drug, alcohol and tobacco-free workplace. Employees and volunteers are prohibited from being intoxicated or under the influence of controlled substances while volunteering; use, possession, or sale of alcohol, tobacco, or a controlled substance in any quantity while on GOUSD premises (except medications prescribed by a physician which do not impair volunteer performance) will result in revocation of volunteer authorization.
- Do not solicit or sell products, services, etc., on GOUSD property without the prior written approval of the Superintendent or his/her designee.
- Use only adult bathroom facilities.
- Do not exchange telephone numbers, home addresses, or email addresses, (including social media information) with students for any purpose.
- Keep information about students confidential. Do not disclose, use, or disseminate student records, photographs or personal information about students to anyone other than the students teacher or principal.
- Do not 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.

I have read and agree with the volunteer responsibilities.

Printed First and Last Name

Signature

Date _____

Volunteer Clearance Process

The Principal/Department Head (or designee) at each school site, in cooperation with Gold Oak Union School District's ("GOUSD") Human Resources Department shall be responsible for verifying that the appropriate clearance process (including a clear Tuberculosis ("TB") test and appropriate background check) has been performed **before** an individual begins their volunteer service or assignment. GOUSD reserves the right to authorize, deny authorization, and revoke authorization for all school and classroom volunteers.

Background Check

For all **"Level I Volunteers,"** a search on the Megan's Law National website to ensure absence from the list of registered sex offenders will be conducted.

For all **"Level II and III Volunteers,"** Live Scan, DOJ and FBI background checks are required to ensure the welfare and safety of our staff and students.

***Registered sex offenders and/or individuals convicted of certain criminal offenses (e.g. drug offenses, violent or serious felonies) may be prohibited from rendering volunteer service. (AR 1240, Educ. Code, §§ 44830.1; 45122.1)

Live Scan (Fingerprinting)

Criminal background checks are conducted utilizing your fingerprints which are submitted through a computerized "Live Scan" process. Your fingers do not need to be inked. The scanned fingerprints are sent to the State of California's Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Live Scan clearance obtained through the GOUSD is valid indefinitely provided that (1) the volunteer's criminal history remains in good standing, (2) the volunteer maintains continuous (year to year) volunteer service, and (3) the volunteer submits a new/renewal volunteer application each school year. A break in continuous service may require resubmission of all volunteer documents and completion of a new Live Scan clearance process at the volunteer's expense.

Please note: A Live Scan clearance can sometimes take several weeks. It is vitally important that prospective volunteers submit their fingerprints well in advance of all activities requiring fingerprint clearance.

A list of Live Scan providers can be found in our Application Packets on our Volunteer web page.

Tuberculosis Testing

All volunteers will be required to have a negative Tuberculosis ("TB") clearance from a properly licensed medical practitioner (e.g. family physician, physician assistant, nurse practitioner, health clinic). They are valid for four years.

Thereafter, a TB risk assessment is required and, if risk factors are identified, a TB examination will also be required. (Administrative Regulation 1240, Educ. Code, § 49406).

A TB Risk Assessment Questionnaire and related information is provided in all volunteer application packets.

How can I help on my student's campus without officially becoming a volunteer?

There are a variety of ways to still contribute to your child's classroom and school without personally being in the classroom. Some examples are:

- organizing Homework Folders for teachers
- helping with prep work at home for classroom projects
- participate in events that are organized by outside groups such as the sites PTO groups
- volunteering at PTO/PTA enrichment activities after school
- joining the PTO
- attending your students after-school sporting events and performances
- Attend/participate in school committees such as School Site Council

Volunteer Application Form

Please click on the [Volunteer](#) section on the district website to print your Volunteer Application packet or go to your school office for an application packet.

GOLD OAK UNION SCHOOL DISTRICT STUDENT PRIVACY STATEMENT AND VOLUNTEER CONFIDENTIALITY AGREEMENT

Students in the Gold Oak Union School District have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment.”)

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than **authorized** school district employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student’s education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student’s educational growth, safety, or well being.
- You may not share information about a student even with others who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student’s care, is the only exception.) Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student’s teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student’s problems or progress. Again, you must refer all such questions to the **authorized** school employees. **You may not share information about a student even with members of your own family or the student’s family.**
- **Before you speak, always remember that violating a student’s confidentiality isn’t just impolite, it’s against the law!**

AGREEMENT

I, (print name) _____, as a volunteer for Gold Oak Union School District agree never to disclose information about a student to anyone other than an authorized school district employee. I will refer all requests for such information from those not directly involved in the student’s education to authorized school district employees.

Signature: _____ Date: _____



TO: All Volunteers, Activity Supervisors and Coaches

In accordance with CA State law (AB 1667), GOUSD must obtain a copy of your TB clearance for the safety of our students and staff. We will need a copy of your TB Risk Assessment or TB clearance (skin test or chest x-ray) for our records. Clearances are mandatory and the first one must have been done within the last 60 days. Once you have provided the clearance, it is valid for four years from the assessment or test date. If you do not have a current TB clearance, you will need to have a TB risk assessment initially. Per Education Code Section 49406 and Health and Safety Code Sections 121525-121555, a skin test is not required. The Adult TB Risk Assessment Questionnaire replaces the skin test.

Please note: If there is a yes response to any of the questions on the assessment, then a tuberculin skin test or chest x-ray must be performed. The medical practitioner will advise you.

You may make an appointment with your own doctor or obtain a TB assessment and or test from the following providers:

El Dorado County Health Department \$25.00
TB Risk Assessment **and** Intradermal Skin Test or Chest X-Ray as necessary
931 Spring Street
Placerville, CA 95667
Call for Appointment: 530-621-6100 (Appts. available Tues. AM or Wes. PM)

Urgent Care Center of Folsom Medical Group \$25.00
Intradermal Skin Test Only, will not complete the TB Risk Assessment Questionnaire
1600 Creekside Drive, Suite 1400
Folsom, CA 95630
Call: 916-984-8244 (Hours: 10 AM to 10 PM, 7 days/week)

Rapid Care
Intradermal Skin Test Only, will not complete the TB Risk Assessment Questionnaire
4062 Flying C Road, Suite 41
Cameron Park, CA 95682
Call: 530-676-8234

The cost is not guaranteed and is subject to change without notice. Call to determine the current cost.

Positive TB Tests - Please contact one of the following for assistance:

El Dorado Co. Health & Human Services Agency, Communicable Disease, Placerville (530) 621-6320
Sacramento County Division of Public Health (916) 875-5881

Once you obtain your clearance, please bring it to your school site secretary. You will not be approved to volunteer until all the requirements are met (see Volunteer Handbook).



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).

California School Employee Tuberculosis (TB) Risk Assessment User Guide

(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.

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.



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):



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially 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)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



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. 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.

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.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



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.

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* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

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

- California Tuberculosis Controllers’ Association
<https://www.ctca.org/menus/private-providers.html>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>



GOLD OAK UNION SCHOOL DISTRICT

3171 Pleasant Valley Road • Placerville, CA 95667
(530) 626-3150 • FAX (530) 626-3144

Volunteer Fingerprint (Live Scan) Clearance Information

Volunteer II, Coaches (Volunteer III) and Activity supervisors (enrichment program leaders) are required to obtain both DOJ and FBI fingerprint clearance. Volunteers II and III may under the direction of certificated personnel work with students outside the direct supervision of staff and/or chaperone field trips. You must have all necessary clearances before you begin to volunteer.

FEES: Volunteers pay fingerprint clearance fees directly to the agency providing the scan service.

Follow these steps to obtain your fingerprint clearance:

1. Contact one of the agencies listed below as soon as possible. It can take a few days or even weeks for the District to receive the results of your live scan. When calling the provider:
 - A. Obtain the operating hours and location
 - B. Verify the live scan cost
 - C. Schedule an appointment
2. Please write the **school name** (for example, Gold Oak) at the top of the form in the space just below the checked Volunteer box.
3. Take the completed Request for Live Scan Service form and a valid picture ID to your appointment.
4. It is critical that you keep the completed copy of the form with the ATI number given to you by the Live Scan vendor. The ATI number is used to check the status of your clearance.
5. The Department of Justice will send your criminal history reports directly to the District. The information will be reviewed by Human Resources (HR) and will remain confidential.
6. Once clearance has been obtained, HR will notify the school secretary.
7. Volunteers with questions regarding the DOJ and/or FBI clearance process should contact the DOJ Applicant Response System at 916-227-4557. The ATI number is required by the system.

Local Live Scan agencies:

Agency Name	Phone Number
49er LiveScan	530-395-5111
UPS Store Folsom #3928	916-608-9400
El Dorado County Sheriff's Office	530-621-5702
Placerville Police Department	530-642-5210

Please note: This is only a partial list of agencies. You may go to any agency that accepts the "Live Scan" forms. Live Scan locations and hours of operations are located at <http://aq.ca.gov/fingerprints/publications/contact.php>



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A0766 Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☒ Volunteer

Type of License/Certification/Permit OR Working Title: Level II Volunteer

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Gold Oak Union School District
Agency Authorized to Receive Criminal Record Information
3171 Pleasant Valley Rd
Street Address or P.O. Box
Placerville CA 95667
City State ZIP Code

01696
Mail Code (five-digit code assigned by DOJ)
Tillie J Hatheway
Contact Name (mandatory for all school submissions)
(530) 626-3150
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
Other Name: (AKA or Alias)
Last First Suffix
Date of Birth Sex ☐ Male ☐ Female Driver's License Number
Height Weight Eye Color Hair Color Billing Number *Volunteer responsibility
(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 re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability 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://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

