



Human Resources
201 Sixth Street, Coronado, CA 92118
619.522.8900 X1021 www.coronadousd.net

Dear Volunteer/Consultant,

Thank you so much for your willingness to share your time, knowledge and abilities with Coronado Unified School District (CUSD) students.

The volunteer/consulting assistance you provide in our schools is valuable. We recognize that it can enrich the educational program, increase supervision of students and contribute to school safety while strengthening our schools' relationships with the community.

If you are interested in serving as a volunteer/consultant for the CUSD, you must complete the following documents.

The required documents are accessible on the district website at [http://coronadousd.net/](http://coronadousd.net) at the Parents & Students tab under Volunteers.

1. School Volunteer/Consultant Application
2. Volunteer/Consultant Code of Conduct
3. Copy of a valid Driver's License or Picture ID
4. Either a TB Screener completed by a healthcare provider (below) or, if indicated as a result of the screener, verification of a negative Tuberculosis Test (TB). (Both must be dated within the past four years.)
5. Live Scan of fingerprints (FBI and DOJ) completed with results accessible by CUSD.
 - Both DOJ and FBI fingerprints are required for all volunteers and consultants.

Please note that if you have already completed the application process, you do not need to do it again. The only document that needs to be updated is the TB test when it expires.

We thank you for your service to our students and school community.

Sincerely,

The Human Resources Team
human.resources@coronadousd.net



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SCHOOL VOLUNTEER/CONSULTANT APPLICATION

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

SCHOOL SITE _____

FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____
Mo/Day/Yr

DO YOU HAVE CHILDREN OR GRANDCHILDREN IN SCHOOL? ☐ Yes ☐ No

WHERE DO THEY ATTEND? _____

VOLUNTEER EXPERIENCE _____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Do you have any criminal charges pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a sex or drug-related offense or crime of violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you required to register as a sex offender under Penal Code 290.95?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

"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/consultant. It is possible that as a volunteer/consultant I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me. I agree to abide by the district's safety and health rules and regulations."

Print Name: _____ Signature: _____ Date: _____

For Office Use Only: Megan's Law check - Date _____ Initial _____
TB CHECK Date _____ Initial _____ (Photocopy TB Screener or Clearance Info and Attach)
FINGERPRINT CLEARANCE REQUIRED ☐ Yes ☐ No PAYMENT ☐ Yes ☐ No (Attach Live Scan receipt)
DRIVER'S LICENSE or Picture ID (Photocopy and Attach) State _____ Expiration Date _____

VOLUNTEER/CONSULTANT CODE OF CONDUCT

As a volunteer/consultant, I agree to abide by the following code of volunteer/consultant conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer/consultant identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students unless I have completed and been cleared through the FBI and DOJ fingerprint clearance process.
5. I will not solicit outside contact with students.
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer/consultant. I agree not to exchange telephone numbers, home address, e-mail address or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have only with teachers and school administrators.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self or others.
10. I agree not to 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.
11. I agree not to engage in violent behavior, smoking, alcohol or controlled substance use, or possession of explosives or weapons while on school campus.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
13. I agree to report to the appropriate school site/district personnel when a student is in danger of hurting him/herself or others or being hurt by someone else.
14. I agree to treat all school personnel and students with dignity and respect.

I agree to follow the District Volunteer/Consultant Code of Conduct at all times or cease student volunteering/consulting immediately.

Name (Printed) _____ Signature _____

Date _____

VOLUNTEER/CONSULTING FINGERPRINT PROCESS

According to Education Code Section 45125 and AB1610/1612, school districts are required to complete criminal background checks on all applicants before they commence work. On July 9, 2010, AB 346 was signed by Governor Schwarzenegger. This action requires school districts to request dual prints (FBI and DOJ) of all non-certificated volunteers, consultants, employees, or coaches working with students in a school-sponsored pupil activity program.

The fee for this service will be paid for by the volunteer/consultant (with an option for reimbursement of \$50 for parent volunteers).

- Both DOJ and FBI fingerprints are required for all consultants.
- Both DOJ and FBI fingerprints are required if you are volunteering “out of line of sight” of the classroom teacher at any time during your presence on a school campus or during a field trip.

You may have your fingerprints completed at the following locations:
<https://oag.ca.gov/fingerprints/locations?county=San%20Diego>

Directions:

1. Please remember to bring your completed copy of the “Request for Livescan” form and valid photo identification (driver license, state I.D., etc.) with you to your appointment. Without these items, you will be unable to have your fingerprints taken.
2. You are responsible for providing a copy of a negative TB test dated within the last four years in order to be cleared to volunteer. If you do not have one, please visit your medical provider or you may [Google CVS Minute Clinic](#) for a location in your area.
3. After you have completed the volunteer packet, livescan fingerprints (necessary only if not in the line of site of a classroom teacher), and TB testing, please submit completed volunteer application materials via Google Form: <https://forms.gle/EWr2jbXRRmKavRSW8>
4. When you are cleared to volunteer/consult, you will be contacted through the email you provide on your volunteer/consultant application. For information regarding specific volunteering days or to volunteer in a specific classroom, please contact the school site.
5. On your scheduled volunteer/consultant day, please check in at the front office of the school site with your valid state issued ID or driver license.



Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:

	<p>Temporary or permanent residence of ≥ 1 month in a country with a high TB rate</p> <p>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
OR		
	<p>Current or planned immunosuppression,</p> <p>including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
OR		
	<p>Close contact with someone who has had infectious TB disease since the last TB test</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111-5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439-43.
https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?cid=mm6819a3_w



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention