



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 California Adult Tuberculosis Risk Assessment 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? o Yes o 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? Yes No
Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a sex or drug-related offense or crime of violence? Yes No
Are you required to register as a sex offender under Penal Code 290.95? Yes 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 o Yes o No PAYMENT o Yes o 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 to human.resources@coronadousd.net.
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.



California Adult Tuberculosis Risk Assessment (>18 years old)



Despite being preventable, tuberculosis (TB) disease continues to cause significant suffering and death in the state of California. Even with modern treatments, more than [1 in 6 Californians with TB die](https://bit.ly/cdc_tbca_data) (bit.ly/cdc_tbca_data). TB is also a health disparity in California, with a disproportionate impact on people born outside the United States. **Identifying and treating persons with latent TB infection (LTBI) is the most promising tool to prevent TB disease.**

- Use this tool to identify asymptomatic adults for LTBI testing.
- Do not treat for LTBI until active TB disease has been excluded.
- A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

If a patient has symptoms of TB disease, including cough (for more than 2 weeks), fevers, night sweats, unexplained weight loss, or an abnormal chest x-ray consistent with TB disease, they should undergo further workup. **Contact your [local TB control program](https://www.ctca.org/locations.html)** (https://www.ctca.org/locations.html) **if there is suspicion for active TB disease.**

LTBI testing is recommended if any of the boxes below are checked.
 Only repeat TB testing if there is a new risk factor since last screening

Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*
 Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons

Immunosuppression, current or planned
 HIV infection, organ transplant recipient, treated with biologic agents including TNF-alpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication

Close contact to someone with infectious TB disease during lifetime

Homelessness or incarceration, current or past
 Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is excluded.

None; no TB testing is indicated at this time.

Provider: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____
 (Place sticker here if applicable)

For more information about using this tool and for the most current version, go the [TB Risk Assessment page](https://cdph.ca.gov/tbriskassessment) (cdph.ca.gov/tbriskassessment).



California Adult Tuberculosis Risk Assessment



*Countries with elevated TB Risk

This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by [National TB Controllers Association](#) (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its [Global Tuberculosis Report](#) (bit.ly/who-globaltb-data), as well as a [searchable TB country profile](#) based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.

Avoid testing persons at low risk

Routine testing of persons without risk factors is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Most patients with LTBI should be treated

Most persons with risk factors and a positive IGRA or TST should be treated for LTBI after active TB disease has been excluded. Evaluation for active TB includes physical exam, symptom screen, chest x-ray and if indicated, sputum collection.

Local recommendations

Local recommendations and mandates should also be considered in testing decisions. Local TB control programs can customize this risk assessment. **Providers should check with local TB control programs for local recommendations.**

A directory of TB Control Programs is available on the [CTCA website](#) (<https://www.ctca.org/locations.html>).

Mandated testing and other risk factors

This risk assessment is designed to test patients at highest risk in a primary care setting. However, certain other populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, employees of correctional institutions, employees of long term care facilities and others.

Congregate settings

Residing in a congregate setting such as a homeless shelter or correctional facility (including prisons, immigration detention centers, and county jails) may increase risk of exposure to TB, but risk varies substantially based on setting. Many congregate settings in California have mandated TB testing upon entry but not all persons receive LTBI treatment. In a primary care setting, we encourage primary care providers to inquire about history of residing in homeless shelter, correctional or detention setting in the patients' lifetime, think about TB exposure (taking local recommendations into consideration), and test for and treat LTBI, if not previously treated.

Prioritize persons with risks for progression to active TB disease

If health system resources do not allow for testing of all persons from a country with an elevated TB rate, prioritize patients with at least one of the following medical risks for progression:

- diabetes mellitus
- smoker within past 1 year
- end stage renal disease
- leukemia or lymphoma
- silicosis
- cancer of head or neck
- intestinal bypass/gastrectomy
- chronic malabsorption
- body mass index ≤ 20
- history of chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules, but does not include solitary calcified nodule or isolated pleural thickening. In addition to LTBI testing, evaluate for active TB disease.

Abbreviations

BCG= Bacillus Calmette-Guérin

IGRA=interferon gamma release assay LTBI= latent TB infection

TST= tuberculin skin test



California Adult Tuberculosis Risk Assessment



Age as a factor

Age (among adults) is not considered in this risk assessment. However, younger adults have more years of expected life during which progression to active TB disease could develop. Some programs or clinicians may prioritize testing of younger non-U.S.-born persons when all non-U.S.-born are not tested. There is no evidence-based guidance on an upper age limit for LTBI testing, but LTBI testing and treatment may be appropriate for older adults depending on individual patient TB risks, comorbidities, and life expectancy.

Children

This risk assessment tool is intended for adults. A risk assessment tool created for use in California for children is available on the [TBCB Risk Assessment page](https://cdph.ca.gov/tbriskassessment) (cdph.ca.gov/tbriskassessment).

College and University Students

Additional TB screening information specifically for college and university students is published by the American College Health Association and can be found on their [website](https://www.acha.org) ([acha.org/wp-content/uploads/2024/06/ACHA_Tuberculosis_Screening_May2024.pdf](https://www.acha.org/wp-content/uploads/2024/06/ACHA_Tuberculosis_Screening_May2024.pdf)).

Travel outside the United States

Travel to countries with an elevated TB rate may be a risk for TB exposure, with risk being highest in circumstances such as work in healthcare facilities, prisons, or refugee camps; extended duration in a location with high prevalence of TB; or likely contact with persons with infectious TB. The duration of at least one consecutive month to trigger testing is intended to identify travel most likely to involve TB exposure. **Tests for TB infection can be falsely negative within the 8 weeks after exposure, so are best obtained at least 8 weeks after return from travel.**

IGRA preference in non-U.S.-born adults

Many persons born outside the United States have been vaccinated with BCG. Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons.

Negative test for LTBI does not rule out active TB

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 patient with active TB disease can be a sign of extensive disease and poor outcome.

When to repeat a risk assessment and testing

The risk assessment should be administered at least once. Persons can be screened for new risk factors at subsequent preventive health visits. Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include extended travel or residence outside the United States.

Symptoms that should trigger evaluation for active TB

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, and hemoptysis.

How to evaluate for active TB disease

Evaluate for active TB disease with a chest x-ray and symptom screen. If patient has symptoms consistent with active TB disease, and/or abnormal chest x-ray, sputum acid fast bacilli (AFB) smears, cultures and nucleic acid amplification testing are likely indicated. If sputa are collected, do not treat for LTBI until cultures are finalized. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Emphasis on 3 or 4 month regimens for treating LTBI

Three or four-month rifamycin-based regimens for treating latent TB infection have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. 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.



California Adult Tuberculosis Risk Assessment



LTBI treatment regimens

CDC recommends the following three LTBI regimens as preferred for most patients. Please see [CDC LTBI guidelines](#) (<https://www.cdc.gov/tb/topic/treatment/ltbi.htm>) for dosages and clinical considerations in choosing a regimen.

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine	Weekly	12 weeks
Isoniazid + rifampin	Daily	3 months

CDC dosing for isoniazid and rifapentine: [LTBI Treatment Infographic](#) (bit.ly/cdc-ltbitreatment).

Patients who decline LTBI treatment

If patient declines recommended LTBI treatment, this should be documented. Recommendations for treatment should be made at future encounters. If treatment is later accepted, TB disease should be excluded and chest x-ray (CXR) repeated if it has been more than 6 months from the initial evaluation; or more than 3 months if there has been recent close contact to someone with infectious TB, in patients with immunosuppression, or if the prior CXR was abnormal and consistent with potentially active TB disease.

Resources

Fact Sheets for LTBI Regimens, Isoniazid+Rifapentine, Rifampin, and Isoniazid are available on the [TBCB LTBI Treatment page](#) (www.cdph.ca.gov/LTBITreatment).

- CDC [LTBI Provider Resources](#) (bit.ly/ltbi_provider_resource)
- California Department of Public Health [Tuberculosis Control Data and Resources](#). (bit.ly/tb_control_data)
- National TB Controllers Association's [Testing and Treatment of Latent Tuberculosis Infection in the United States: Clinical Recommendations](#) (bit.ly/ltbi_recommendations)
- U.S. Preventive Services Task Force Latent TB Infection Screening Recommendations are available on the [U.S. Preventive Services Task Force website](#) (bit.ly/us_preventive_service)

Abbreviations

BCG= Bacillus Calmette-Guérin
IGRA=interferon gamma release assay LTBI= latent TB infection
TST= tuberculin skin test