



Los Angeles Unified School District

Welby Way Charter and Gifted/High Ability Magnet Center Elementary School
A National Blue Ribbon School and A California Distinguished School

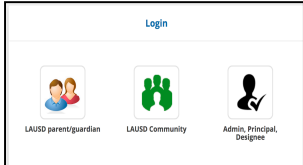




23456 Welby Way
 West Hills, CA 91307

Telephone: (818) 348-1975 Fax: (818) 704-8726

Volunteer Application Process

Volunteers serve as positive role models for our students and promote a positive partnership between the home and school. We value all our volunteers and ask that you follow District policy before beginning your work with us.

LAUSD has mandated new procedures for school volunteers to improve security and ensure the safety of students and school personnel. The following LAUSD procedures for volunteers will be implemented at Welby Way Elementary beginning August 14, 2018. **ALL VOLUNTEERS MUST BE FINGERPRINTED AND CLEARED BEFORE WORKING WITH STUDENTS IN THE CLASSROOM.**

<p>STEP 1</p> 	<p>Online Volunteer Application Any person interested in participating in a school's volunteer program must fill out the online Volunteer Application at https://volunteerapp.lausd.net.</p> <p>After submitting electronically, applicant must also print, sign and deliver a copy of the application to the office.</p> <p><i>An online application must be completed per school.</i></p>
<p>STEP 2</p> 	<p>Health Care Clearance: Tuberculosis (TB) Volunteers must submit clearance of TB, signed by a healthcare provider, within 60 days prior to starting volunteer service.</p> <p><i>Clearance for TB is valid for a period of up to 4 years.</i></p>
<p>STEP 3</p> 	<p>Safety/Security Clearance: Megan's Law In accordance with District policy, the school principal or designee must check all volunteer applicants against California Megan's Law database http://www.meganslaw.ca.gov.</p> <p><i>Volunteers must gain clearance from the Megan's Law database annually.</i></p>
<p>STEP 4</p> 	<p>Safety/Security Clearance: Fingerprinting Fingerprinting clearance by the FBI and DOJ is required for the following:</p> <ul style="list-style-type: none"> • Volunteers working with students • Persons volunteering more than 16 hours per week • Volunteers whose duties require significant contact with students <p><i>Volunteer applicants need to be fingerprinted only once during their service.</i> <i>* See below for details on getting fingerprinted.</i></p>
<p>STEP 5</p> 	<p>Volunteer Commitment Form Prospective volunteers must sign a Volunteer Commitment form stating that s/he will adhere to the program guidelines. School principal or designee will confirm and verify that the volunteer has met all requirements before becoming a certified volunteer.</p>



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Volunteer Application Process (cont'd)

- Continuing volunteers must reapply each year and adhere to Steps 1,2, 3, and 5.
- Volunteers for a single event, that takes place for the duration of one day only, do not need to submit a volunteer application but may complete the **Single Event Form** and be checked against the CA Megan's Law database.
- Fingerprinting Process:
 - Fingerprinting must be conducted by LAUSD and is available at the following approved valley locations, by appointment only.
 1. 5607 Capistrano Avenue, Woodland Hills, CA 91367 (818) 587-4300
 2. 6505 Zelzah Avenue, Reseda, CA 91335 (818) 654-1600
 - Fingerprinting fee is currently \$56.00. Money orders or cashier's checks made payable to LAUSD are the only forms of payment accepted.
 - Take your current, non-expired driver's license, social security card &/or passport.
 - Please note that the LAUSD website states the need for fingerprinting if a volunteer will be working 16 hours or more a week. That 16 hours only pertains anyone volunteering in a school office. **ANYONE VOLUNTEERING IN CLASSROOMS, WITH STUDENTS, MUST BE FINGERPRINTED.**
 - Fingerprinting will not be required for volunteers who are not working directly with students before or after school, including traffic valet volunteers.



LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

ATTACHMENT E



LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION – EMPLOYEE HEALTH SERVICES
TB COMPLIANCE PROGRAM

Name: _____ Date of Birth: _____

Job Title: _____ Phone: _____

Social Security No: _____ or Employee No: _____ Email Address: _____

TUBERCULOSIS CERTIFICATE OF COMPLETION

Check One:

- The patient does not have TB risk factors per the ADULT TUBERCULOSIS RISK ASSESSMENT.
□ The patient has TB risk factors, but had a negative skin or blood test on _____ (date).
APPLICANTS: Date of test must be within 60 days prior to date of hire.
□ The patient has had a positive skin or blood test and a negative chest X-Ray on _____ (date).
APPLICANTS: Date of x-ray must be within six months prior to date of hire.

The above named patient does not have risk factors, or if risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature (MD, DO, PA, NP, RN ONLY) _____ Date _____

Print Health Care Provider's Name _____ Title _____ License No. _____

Address: _____ City _____ Zip Code _____

Telephone _____ Fax _____

MEDICAL FACILITY STAMP (REQUIRED):





**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**



Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)

TCB-01 (12/14) Effective January 1, 2015

Do Not Submit Adult Tuberculosis (TB) Risk Assessment Questionnaire to LAUSD

BUL-6746.0

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August 14, 2017

Office of the Associate

Superintendent, Support Services



LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

ATTACHMENT D1

VOLUNTEER COMMITMENT FORM

Print First and Last Name

School or Office Name

I agree to abide by the following:

- 1. I will sign in at the main office upon arrival and sign out when I leave for the day.
2. I will follow the assignment schedule given to me by the principal or designee.
3. I will use words and phrases that are appropriate and be a good role model for students.
4. I will wear my volunteer identification badge at all times while participating in volunteer activities.
5. Except in the case of an emergency, I will give 24-hour notice when I cannot keep a scheduled assignment.
6. I will follow the dress code of the school or office.
7. I will follow the District's Code of Conduct with Students and the District's Employee Code of Ethics.
8. I will only use the adult bathroom facilities.
9. I will never be alone with individual students.
10. I will not contact students outside of school hours, or exchange contact information.
11. If I have reason to suspect child abuse, I will notify the principal or designee immediately and confidentially.
12. I will treat all students, families, and employees with respect regardless of their race, gender, class, religion, sexual orientation, gender identity, disability, or immigration status.
13. I will treat all children and persons equally and with respect.
14. I will not share confidential information with anyone inside or outside of the school or office without the permission of the principal or other administrator.
15. I will report children's behavior problems to the teacher or other supervising school personnel.
16. I will respect the authority of all school and office personnel.
17. I will learn the rules regarding drills and emergencies and follow the direction of District office or school staff.
18. I will not use school property or equipment without the authority of the administrator or designee and I will not use school property or equipment for personal gain.

Volunteer's Signature

Date

Administrator or Designee's Signature

Date