

**MORGAN HILL UNIFIED SCHOOL DISTRICT**

**School Site Volunteer Registration and Acknowledgment 2017-2018 School Year  
(For new/returning volunteers)**

Please check the box that applies to you:

- Returning volunteer** –
  - I already have volunteer ID badge from District office.  
Volunteer ID badge verified by school site on (mm/dd/yr): \_\_\_\_\_
  - I misplaced my volunteer ID badge  
Volunteer ID badge verified by school site on (mm/dd/yr): \_\_\_\_\_
- New volunteer** - need to submit TB, get fingerprinted, and obtain volunteer ID badge from District Office.  
Volunteer ID badge verified by school site on (mm/dd/yr): \_\_\_\_\_

School Site \_\_\_\_\_

Name of Volunteer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Contact \_\_\_\_\_ in case of emergency at (\_\_\_\_) \_\_\_\_\_

Volunteer Duties (Describe briefly what services you will be providing)  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the District and that I am not entitled to receive a salary or any employee benefits including workers' compensation. I understand that either the District or I may terminate this volunteer relationship at any time without notice. In the course of volunteering for Morgan Hill Unified School District, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

I certify that I have not been convicted of a felony that would disqualify me from serving as a district volunteer. I am not required to register as a sex offender pursuant to Penal Code Section 290.

I understand that if I volunteer as a driver, additional verification will be required. I have reviewed and agree to comply with the Child Abuse Prevention Reporting guidelines and Sexual Harassment policies contained in the Student and Parent handbook and/or the District's website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\* School Office Use Only: Principal must sign for approval\*\*\*\*\***

School Site Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

**Note: Send new site-approved volunteers with a signed voucher to District Office for fingerprinting.**



# Fingerprinting and Tuberculosis Testing Volunteer Requirements and FAQ's

## What is required to volunteer in a Morgan Hill Unified school?

MHUSD welcomes any member of the student's family, caring adults in the student's life, as well as members of our local community to volunteer. All volunteers working on the school grounds on a regular, ongoing basis need to have their fingerprints and tuberculosis test results on file at the Morgan Hill Unified School District office.

## VOLUNTEER REQUIREMENTS

Fingerprinting and tuberculosis test results must be on file for volunteers that are:

- **Ongoing:** Volunteering at the school regularly in any capacity
- **At school:** Volunteering on school grounds or in the classroom, has access to privileged information
- **Face-to-face:** Volunteering with direct contact with children
- **Alone:** Volunteering as the sole adult with children, unsupervised with children (i.e., during a field trip)
- **School-sponsored trips:** Athletics, band, field trips, science camp, etc.

*(Examples are shown in the table below)*

<b>NOT REQUIRING</b> <b>Fingerprinting and TB testing</b>	<b>REQUIRING</b> <b>Fingerprinting and TB testing</b>
<ul style="list-style-type: none"> <li>• A volunteer is bringing baked goods to the school for after hours event.</li> <li>• A volunteer is selling flowers before and after a school theater performance.</li> <li>• A volunteer completing classroom jobs at home and returning them to the teacher when dropping their child off for school.</li> <li>• A volunteer creating the class newsletter at home for a teacher.</li> <li>• A volunteer coordinating a class party by calling or emailing parents to get for donations and arrange games and other entertainment.</li> <li>• A volunteer judge for the yearly science fair.</li> <li>• Coordinate Scholastic book orders (collect orders and enter them into the Scholastic web site)</li> </ul>	<ul style="list-style-type: none"> <li>• A volunteer helping in the classroom during all of the rainy day recesses during the winter. The volunteer is working more than once on the school grounds, has direct contact with children and may also be the sole adult with children.</li> <li>• A driver for a field trip. While not operating on school grounds, a field trip driver will be alone with children and have direct contact.</li> <li>• A volunteer who helps children in the classroom with their math exercises every week.</li> <li>• A volunteer for class parties that helps children with a craft or baking exercise.</li> <li>• A volunteer organizing a lunch-time club.</li> <li>• Assist with curb-side traffic direction during drop-offs (before school) or pick-ups (after school)</li> </ul>

## Frequently asked questions

### 1. WHY DOES THE SCHOOL REQUIRE THAT VOLUNTEERS BE FINGERPRINTED?

The purpose of the criminal background check is to insure that a person is permitted by law to participate in a school setting as a volunteer or employee. The California Education Code, Health and Safety Code and Penal Code sections determine which offenses are or are not permitted. Fingerprinting is the most accurate way to collect this information.

2. **WHY DOES THE SCHOOL REQUIRE THAT VOLUNTEERS NEED TO GET TESTED FOR TUBERCULOSIS?**

Tuberculosis (TB) is a contagious disease that can be deadly if not treated properly. Each year, Santa Clara County reports more cases of active TB than 30 states. In order to volunteer with children, you need to be free of this disease.

3. **WHERE DO I GO FOR FINGERPRINTING?**

Fingerprinting can be done at the Morgan Hill Unified School District Office in the Human Resources Office. Our regular hours for fingerprinting are **Tuesday 7:30 am to 10:30 am and Thursday 12:30 pm to 3:30 pm ONLY**. No appointment necessary during our fingerprinting hours

4. **WHAT DO I NEED FOR A LIVE SCAN/FINGERPRINTING?**

Our agency requires a completed "Request for Livescan Service" (form BCII8016). You will need to fill out this form upon arrival or we cannot process your fingerprints without the completed form. Besides the completed "Request for Livescan Service" form, you must present valid identification that includes your photograph. Acceptable primary forms of identification are:

- California Driver's License
- California Identification Card
- Out-of-state Driver's License

In the absence of a primary form of identification, please call Human Resources for a list of secondary forms of identification at (408) 201-6015.

5. **HOW MUCH DOES FINGERPRINTING COST?**

Our fee for this service is \$15 for approved school site volunteers (obtain voucher from school site) and \$50 for all others. These fees will be due when you are fingerprinted. We accept credit/debit cards. **We do not accept cash or personal checks.**

6. **WHY SHOULD THE VOUCHER BE SIGNED BEFORE THE FINGERPRINTING PROCEDURE?**

The voucher attached to the School Site Volunteer Registration and Acknowledgement Form (for new/returning volunteers) needs to be signed ahead because this lets us know that the school administrator agrees to have you as a volunteer at their site and pay for the remaining portion of the cost for fingerprinting services.

7. **WHERE CAN I GET THE TB (TUBERCULOSIS) TEST DONE?**

TB testing can be done through your own medical provider at your own expense. If the person has no insurance, there are many clinics that perform TB testing at a low cost. Attached is a Adult Tuberculosis (TB) Risk Assessment Questionnaire which can be used in place of the TB skin test.

8. **HOW OFTEN SHOULD TB TEST BE DONE?**

TB testing should be updated every four (4) years and must be on file with Human Resources.

9. **WHAT IS A LIVE SCAN?**

Live Scan is a way to take inkless fingerprints, which are then digitalized and transmitted directly to the Department of Justice (DOJ). The DOJ then checks the fingerprints against known criminal history records. A response (criminal history or no criminal history) is then sent to the agency requesting the Live Scan. If an applicant has no criminal history a response should be sent from the DOJ to the requesting agency in approximately 3 to 7 days.

**10. HOW LONG DOES IT TAKE TO GET MY LIVE SCAN RESULTS?**

In most cases, the results from DOJ come back within 3 to 7 days. Due to various reasons, results can be delayed. For any significant delay, the DOJ will contact the requesting agency.

**11. HOW LONG ARE MY FINGERPRINT RESULTS VALID?**

As long as you volunteer in MHUSD Schools. Once your Fingerprints and TB have cleared, you will be called to pick up your volunteer badge. This badge should be worn whenever you are on a school site or school sponsored trip as a volunteer. This badge indicates that you have been cleared and may be used at any site or program as evidence of clearance.

**12. WHAT IF I HAVE PROVIDED FINGERPRINTS TO OTHER EMPLOYERS OR AGENCIES. IS IT POSSIBLE FOR MY NEW EMPLOYER OR AGENCY TO USE THE RESULTS OF PREVIOUSLY TAKEN PRINTS?**

MHUSD requires that a new fingerprint clearance be conducted with results sent to MHUSD before volunteers begin working with children on behalf of the school. Per the CA Department of Justice (DOJ), each applicant must be fingerprinted every time he/she applies with another agency. Previous criminal history information provided to an applicant's current or most recent employer or agency is confidential and cannot be shared with other agency. This means that you must submit a new application each time a criminal history is requested of you, therefore you must go through the Live Scan process again.

**13. WILL MY FINGERPRINTS BE PASSED TO IMMIGRATION OR ANY OTHER GOVERNMENT AGENCY?**

No; these only go to the DOJ agency to verify criminal records. We are not interested in knowing the immigration status of a applicant. Your fingerprints are cleared with the Department of Justice. Beyond that, your fingerprints will not be used for any other purpose than to make sure you are safe to work with children and will not be passed to immigration or any other agency.

**14. WHAT IF I HAVE SOMETHING ON MY CRIMINAL RECORD, CAN I STILL VOLUNTEER?**

See sections 44010, 44011, 44346.1, 44424 of the California Education Code. If the violation committed matches with any one of the criminal sections, the applicant will be notified by the agency. Volunteer work may be denied or limited. Not everyone with an offense on their record is excluded from volunteering. Each situation is handled confidentially on a case-by-case basis. Please note that prospective volunteers are asked to disclose any and all prior history of criminal convictions other than minor traffic violations.

**15. IF MY FINGERPRINTS ARE NOT ACCEPTED, WHAT HAPPENS?**

Fingerprints are rejected on occasion for several reasons. The most common reasons are the applicant's fingerprints have characteristics that are difficult to capture in the Live Scan process. This would include items such as cuts, scars and calluses. If an applicant has fingerprints rejected on this basis, and they were originally scanned by our agency, we will rescan your fingerprints at no additional charge.

**16. WHAT IF I HAVE MORE QUESTIONS?**

Please contact the Human Resources department at (408) 201-6015.



# ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

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

## CERTIFICATE OF COMPLETION

*To be signed by the licensed health care provider completing the risk assessment and/or examination*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*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.*

Health Care Provider Signature \_\_\_\_\_

Please Print Health Care Provider Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_



# Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(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. <sup>2</sup>	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.

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.  
<sup>2</sup> Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013. (<http://www.cdc.gov/tb/publications/LTB/default.htm>)