



**Ferndale Unified School District
164 Shaw Ave
Ferndale, CA 95536**

Dear Prospective Volunteer,

Welcome to the Ferndale Unified School District (FUSD). We appreciate your time and effort in helping to make FUSD the best educational environment for all students. Please take a moment to review this important information, which we hope will make your volunteer service successful and rewarding. Whether you are new or a former volunteer returning to FUSD, feel free to ask for help concerning anything you don't understand. Your assistance is valued!

Volunteer Qualifications

Volunteers working in school settings are required to meet eligibility requirements in accordance with Board Policy 1240 and California Education Code 35021. Please speak to school site administration and refer to the District's Board Policy and Administrative Regulation 1240 for a full description, including requirements related to Background Checks and Tuberculosis Risk Assessment.

Standard of Conduct

By volunteering with FUSD, you have a responsibility to the District 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 for everyone.

Volunteers should become familiar with the specific rules at the school site(s) at which they volunteer. Generally speaking, we expect each volunteer to act in a mature and responsible manner at all times. District standards of conduct and personnel policies include, but are not limited to:

- Observing safety rules at all times and using common sense in operating any equipment.
- Treating fellow volunteers, teachers, students, parents, and administrators with respect and kindness.
- Maintaining the confidentiality of all personal and privileged information.
- No possession of any type of firearm, weapon, or explosive, on District premises.
- The maintenance of a drug-free workplace. Employees and volunteers are prohibited from being intoxicated or under the influence of controlled substances while volunteering; use, possession, or sale of a controlled substance in any quantity while on District premises (except medications prescribed by a physician which do not impair volunteer performance) will result in immediate dismissal from volunteer service.
- The maintenance of tobacco-free campuses. Tobacco products, including vaping devices, shall not be used on District premises.
- No soliciting or selling of products, services, etc., on District property without the prior written approval of the Superintendent or designee.
- Abiding by all current CDPH (California Department of Public Health) guidelines related to the health and safety of students and staff.

Policies and Procedures that all Volunteers Should Know

Absence and Punctuality



Volunteers are asked to commit to a specific time(s) and day(s), as teachers need to know they can count on you. If you are unable to volunteer on a given day, or if you will arrive late, please contact your school site immediately.

Student Discipline

Classroom teachers and school administrators are responsible for student discipline. We ask that volunteers notify a teacher or administrator as soon as possible if they observe or become aware of conduct that they believe warrants student discipline.

Confidentiality

By volunteering with the District, you assume an obligation to maintain the confidentiality of any information you learn about students. It is essential that you not share any information about students, even with your own family, friends, or acquaintances. Because of its seriousness, disclosure of confidential information could lead to dismissal from volunteer activities.

Resignation/Dismissal

If for any reason you decide not to continue volunteering with the District, please inform your school site administrator and those you work with directly. The District reserves the right to discontinue the volunteer relations with any individual who does not adhere to District policies and regulations.

Sign In/Out

All volunteers check in each day at the school office. Please return back to the office to check out at the end of your designated volunteer time.

Suspected Child Abuse or Neglect

Volunteers should report to the school administrator immediately if they have any reason to believe a student has been abused or neglected.

Volunteer Relations with Students and Their Families

The success of the [School District Name] volunteer program depends upon the quality of the relationship between the District volunteers, teachers, students and parents, and the general public. Regardless if you are a volunteer or a paid staff member, you are an ambassador.

Equal Volunteering Opportunity

[School District Name] provides equal volunteering opportunities for everyone regardless of the person's actual or perceived race, religious creed, color, national origin, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, military and veteran status, gender, gender identity, gender expression, sex, sexual orientation, or their association with a person or group with one or more of these actual or perceived characteristics that do not prohibit performance of essential job functions. All matters relating to volunteering are based upon the ability to perform the job, as well as dependability and reliability.

Office Machines

The staff appreciates volunteers helping teachers prepare classroom materials. Volunteers should be trained on the correct usage of all office equipment. It is also very helpful if volunteers are willing to step aside and allow teachers or office staff to interrupt them and use machines during recess or on occasions when staff members need immediate access to machines or equipment at school. District equipment is only to be used for educational/school purposes. Equipment is not for personal use. Parent volunteers may use computers that are located in classrooms as directed by the teacher. Volunteer flexibility and cooperation in this area are greatly appreciated. All volunteers shall adhere to the provisions of the federal copyright law and maintain the highest ethical standards in using copyright materials. The District shall provide no legal support to any volunteer who violates copyright laws.



Parking Lot

Great care must be taken and drivers must watch closely for students and others at all times when driving near schools and/or in school parking lots. You should also check with the school office for information on where you should park.

Personal Phone Calls

Cell phones are to be placed on vibrate or silent mode during your volunteer time. Personal phone calls should be made off-campus to avoid disruptions. Volunteers must not photograph or video students unless they have permission from site personnel.

School and Personal Property

No item purchased or supplied by the District should ever be removed from school sites without the express authorization of your school site administrator.

It is highly recommended that volunteers do not bring excessive amounts of money or valuables on campus. If you carry a purse, ask to place it in a secure location. [School District Name] is not responsible for personal items lost or stolen.

Tips for Working Positively with Students

- Relax and be yourself
- Be friendly toward all students
- Be pleasant and interested in the students' activities
- Encourage students to try and do activities to the best of their ability
- Praise individual students for a job well done
- Encourage positive behavior by acknowledging students who are doing things correctly
- Remember that a student often responds better to positive reinforcement
- Proceed at the student's own rate of speed
- Don't do for a student what they can do for themselves
- Call the students by name at each opportunity
- Be flexible
- Be patient

Signature: _____ Date: _____

Ferndale Unified School District
VOLUNTEER REGISTRATION FORM School Year _____

May supervise students during lunch, breakfast, or other nutritional periods or may serve as non-teaching aides under the immediate supervision and direction of certificated personnel to perform non instructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. We appreciate your interest in your school and your offer to volunteer.
An incomplete or unsigned form will not be considered.

A COPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED

Last Name _____ First Name _____ Middle Name _____
Date of Birth ____/____/____ Male ☐ Female ☐
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____
Email: _____
School(s): _____ Teacher Name: _____
Student(s) Names: _____

Have you ever been convicted of a felony or misdemeanor criminal offense? Yes ☐ No ☐ If so, please give explanation and statement of sentence imposed. (Conviction does not necessarily disqualify candidate.) Failure to truthfully provide the information requested is cause for disqualification. _____

Emergency Contact Person _____

Emergency Phone _____

Number of Hours Available to Volunteer _____

Grade Level(s) _____

Please state your reason(s) for volunteering for the Ferndale Unified School District.

Special skills you can offer: (i.e., art, languages, reading, math, drama, music, etc)

Personal References (not related):

Telephone Number:

1. _____
2. _____

Do you have any physical or health problems which would prevent you from performing specific kinds of work?
Providing this information will not preclude you from volunteering; it will assist in providing a positive volunteering experience.

Yes ☐ No ☐ If yes, give details: _____

I certify under penalty of perjury and in conformance with Education Code §35021 that I am not required to register as a sex offender pursuant to Penal Code section 290. I understand that, in accordance with District policy, school administrators will verify this information via the California Megan's Law database.

Signature _____

Date _____

OFFICE USE ONLY:

Volunteer's Supervisor: _____

DOJ Megan's Law check: _____ date _____

TB Clearance applicable to district? Yes ☐ No ☐

TB Clearance: _____



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).

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):



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

Applicant Submission

ORI: A7052 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: _____

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

Contributing Agency Information:

Ferndale Unified School District
Agency Authorized to Receive Criminal Record Information
164 Shaw Ave.
Street Address or P.O. Box
Ferndale CA 95536
City State ZIP Code

06971
Mail Code (five-digit code assigned by DOJ)
Danielle Carmesin
Contact Name (mandatory for all school submissions)
7077865300
Contact Telephone Number

Applicant Information:

Last Name _____

Other Name: (AKA or Alias) _____

Last _____

Date of Birth _____ Sex ☐ Male ☐ Female

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address _____
Street Address or P.O. Box

First Name _____ Middle Initial _____ Suffix _____

First _____ Suffix _____

Driver's License Number _____

Billing Number 143-962
(Agency Billing Number)

Misc. Number _____
(Other Identification Number)

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: A7052

(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 _____