San Bruno Park School District
Innovate • Motivate • Educate

500 Acacia Avenue, San Bruno, CA 94066-4222
Tele: 650.624.3100

Volunteer Information

Thank you for your interest in volunteering. All interested parties are required to go through the volunteer clearance process, which requires volunteers who may be alone with students to have fingerprint clearance with the Department of Justice. The benefit of this system is that your fingerprint clearance will be valid for your entire time in SBPSD; ***you only have to be fingerprinted once***; all volunteers will work under the general supervision of a school district employee (principal or teacher.

Examples of School Site Volunteer Opportunities

- Classroom volunteer
- Lunch distribution
- Middle school dance chaperone
- Parking lot (drop-off/pick-up)
- Library helper
- Afterschool tutor
- Playground supervision
- Escorting students for photo day, health screening, etc.
- Book fair
- Field trip chaperone
- Afterschool clubs

Field Trip Transportation

- The use of private automobiles for school-sponsored field trips is not permitted except in cases with prior approval in writing of the Superintendent and parents/guardians where parents are volunteering to drive and chaperone multiple students.
- Such trips will require parents to be cleared as volunteers with a background check done at the District Office at cost to the parent, valid license, and proof of insurance.
    - Parents chaperoning their own child with no responsibility for other students are only required to have a valid driver's license, and proof of insurance, and all SBPSD required forms must be completed, but no other contact with other students is permitted

Supervision and Chaperones

- All chaperones are required to have a current fingerprint clearance on file in the District Office.
- At no time should the chaperone be more than 10 students to 1 chaperone.
- Chaperones must be at least 18 years old. This requirement applies also to brothers, sisters, and other relatives of student participants who are serving as chaperones.
- Only chaperones and students are allowed to participate in the field trips. Parents and other adults are not to be accompanied by young family members requiring substantial supervision since the chaperone's full attention should be given to the students participating in the field trip.
- Chaperones are expected to assist in maintaining appropriate student conduct, and to accept responsibility under the direct supervision of the teacher.
- Specific students may be assigned to a specific chaperone, to ensure the students' safety and a positive off-site learning experience.
- Safety must always be an overriding concern in determining supervision during a field trip, and what field trip control measures are needed.

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RECEIVED DATE

_____

Volunteer Application Form

Volunteer Name _____

All school volunteers must complete this application form in order to volunteer in the San Bruno Park Elementary School District. For the safety of the volunteer, and that of the District's students, a background check will be completed on all applicants. Volunteers should attach a copy of their legal photo ID to be kept on file. If transporting students, a separate form will be required.

Name as it appears on ID: _____
First Name Middle Initial Last Name

_____
Street Address Apt. # City/State zip

_____
Home Phone Cell Phone Email Address

California Driver's License #:_____ Male ○ Female ○ Birth Date _____

Volunteer School Site Location:

I am interested in volunteering at the following schools:_____

as: Classroom Assistant ○ Field Trip Chaperone ○ Other ○ _____

Do you have a child/children attending this school? No ○ Yes ○ Name(s) _____

_____

Are you currently an employee of the District? No ○ Yes ○ Where?_____

Have you ever been convicted of, or pled guilty to, a criminal felony or misdemeanor? No ○ Yes ○

If yes, please give date(s) and explain_____

Volunteer Authorization: I agree to abide by all state and federal laws, and all policies and regulations of the Governing Board of the District, including the rules and regulations of the volunteer program. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or at a school-sponsored activity.

I agree to volunteer my services, without compensation or reimbursement, for the District. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code Section 58751.

I agree to indemnify and hold harmless the District, its officers, employees, and agents, from all claims, liability, or damages, suits losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the District and activities associated with the volunteer program. This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

_____ _____
Volunteer's Signature Date

(For Office Use Only)

Fingerprint Clearance Received: No ☐ Yes ☐ **Megan's Law Clearance Received:** No ☐ Yes ☐ **Date**_____

TB Clearance: No ☐ Yes ☐ **NOTE: Principal and Volunteer processor must check for Megan's Law clearance if the Volunteer is not fingerprinted** http://www.meganslaw.ca.gov)

Volunteer information (name, date of birth, signature, and photo ID) and fingerprint clearance/Megan's Law clearance verified by:

_____ _____
Employee Signature/printed name **Date** **Department/Site**

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Información para voluntarios

Gracias por su interés en el voluntariado. Todas las partes interesadas deben pasar por el proceso de autorización de voluntarios, que requiere que los voluntarios que puedan estar solos con los estudiantes tengan una autorización de huellas dactilares con el Departamento de Justicia. El beneficio de este sistema es que su autorización de huellas dactilares será válida durante todo su tiempo en SBPSD; ***solo tiene que tomar sus huellas dactilares una vez***; todos los voluntarios trabajarán bajo la supervisión general de un empleado del distrito escolar (director(a) o maestro(a)).

Ejemplos de oportunidades de voluntariado en el sitio escolar

- Voluntario en el aula
- Distribución del almuerzo
- Chaperona de baile de la escuela intermedia
- Estacionamiento (drop-off/pick-up)
- Ayudante de biblioteca
- Tutor extraescolar
- Supervisión del patio de recreo
- Acompañar a los estudiantes para el día de la foto, el examen de salud, etc.
- Feria del libro
- Chaperona de excursión
- Clubes extracurriculares

Transporte de campo

- No se permite el uso de automóviles privados para excursiones patrocinadas por la escuela, excepto en casos con aprobación previa por escrito del Superintendente y los padres / tutores donde los padres se ofrecen como voluntarios para conducir y acompañar a varios estudiantes.
- Tales viajes requerirán que los padres sean autorizados como voluntarios con una verificación de antecedentes realizada en la Oficina del Distrito al costo para el padre, licencia válida y comprobante de seguro.
    - Los padres que acompañan a su propio hijo sin responsabilidad por otros estudiantes solo deben tener una licencia de conducir válida y un comprobante de seguro, y todos los formularios requeridos por SBPSD deben completarse, pero no se permite ningún otro contacto con otros estudiantes.

Supervisión y acompañantes

- Todos los acompañantes deben tener una autorización de huellas dactilares vigente en el archivo de la Oficina del Distrito.
- En ningún momento el acompañante debe ser más de 10 estudiantes por 1 chaperón.
- Los acompañantes deben tener al menos 18 años de edad. Este requisito se aplica también a los hermanos, hermanas y otros familiares de los estudiantes participantes que sirven como chaperones.
- Solo los acompañantes y los estudiantes pueden participar en las excursiones. Los padres y otros adultos no deben estar acompañados por miembros jóvenes de la familia que requieran una supervisión sustancial, ya que se debe prestar toda la atención del acompañante a los estudiantes que participan en la excursión.
- Se espera que los acompañantes ayuden a mantener la conducta apropiada de los estudiantes y acepten la responsabilidad bajo la supervisión directa del maestro.
- Los estudiantes específicos pueden ser asignados a un acompañante específico, para garantizar la seguridad de los estudiantes y una experiencia de aprendizaje positiva fuera del sitio.
- La seguridad siempre debe ser una preocupación primordial para determinar la supervisión durante una excursión, y qué medidas de control de excursiones son necesarias.

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FECHA DE RECEPCIÓN

_____

Formulario de solicitud de voluntariado

Nombre del voluntario_____

Todos los voluntarios escolares deben completar este formulario de solicitud para ser voluntarios en el Distrito Escolar Primario de San Bruno Park. Para la seguridad del voluntario y la de los estudiantes del Distrito, se completará una verificación de antecedentes de todos los solicitantes. Los voluntarios deben adjuntar una copia de su identificación legal con foto para mantenerla en el archivo. Si transporta estudiantes, se requerirá un formulario por separado.

Nombre tal como aparece en el ID:_____
Nombre Segundo Nombre Apellido

_____
Dirección Apt. # Ciudad/Estado zip

_____
Teléfono residencial Teléfono Teléfono celular correo electrónico

Licencia de conducir de California #:_____ Masculino ○ Femenina ○ Fecha de Nacimiento _____

Ubicación del sitio de la escuela de voluntarios:

Estoy interesado en ser voluntario en la(s) _____ escuela(s) como: Asistente de la clase ○ Acompañante de excursiones ○ Otro _____

¿Tiene hijos que asisten a esta escuela? No ○ Sí ○ Nombre(s) _____

¿Es usted actualmente un empleado del Distrito? No ○ Sí ○ ¿dónde? _____

¿Alguna vez ha sido condenado o se ha declarado culpable de un delito grave o menor? No ○ Sí ○

En caso afirmativo, sírvase indicar la(s) fecha(s) y explicar_____

Autorización de voluntarios: Estoy de acuerdo en cumplir con todas las leyes estatales y federales, y todas las políticas y regulaciones de la Junta de Gobierno del Distrito, incluidas las reglas y regulaciones del programa de voluntarios. Entiendo que toda participación con los estudiantes estará bajo la supervisión del personal y está restringida al día escolar, en los terrenos de la escuela o en una actividad patrocinada por la escuela.

Acepto ofrecer mis servicios, sin compensación ni reembolso, para el Distrito. Entiendo que se me puede solicitar que proporcione mis huellas dactilares con el fin de obtener un resumen de antecedentes penales del Departamento de Justicia del Estado de California y la Oficina Federal de Investigaciones, de conformidad con la Sección 58751 del Código de Educación.

Acepto indemnizar y eximir de responsabilidad al Distrito, sus funcionarios, empleados y agentes, de todas las reclamaciones, responsabilidades o daños, demandas, pérdidas, costos y gastos por lesiones a mi persona o propiedad, incluida la muerte, y todos los costos de servicio legal que surjan de mis servicios voluntarios para el Distrito y actividades asociadas con el programa de voluntarios.
Esta autorización permanecerá vigente mientras esté involucrado en el servicio voluntario descrito anteriormente para el Distrito.

_____ _____
firma del voluntario Fecha

(Solo para uso en oficina)

Autorización de huellas dactilares recibida: No □ Sí □ **Autorización de la Ley de Megan recibida: No □ Sí □ Fecha** _____

TB Clearance: No □ Sí □ **NOTA: El director y el procesador de voluntarios deben verificar la autorización de la Ley de Megan si al Voluntario no se le toman las huellas dactilares** http://www.meganslaw.ca.gov)

Información del voluntario (nombre, fecha de nacimiento, firma e identificación con foto) y autorización de huellas dactilares / autorización de la Ley de Megan verificada por:

_____ _____ _____

Firma del empleado/nombre impreso **Fecha** **Departamento/Sitio**

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).

California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)

2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).

3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).

4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

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

Symptoms of TB should trigger evaluation for active TB disease

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

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. 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.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.

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):

California School Employee Tuberculosis Risk Assessment Frequently Asked Questions

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did AB 1667 change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
    a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
    b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
    c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)

2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)

3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.

4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did SB 792 change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does SB 1038 change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.

California School Employee Tuberculosis Risk Assessment Frequently Asked Questions

Who developed the school staff and volunteer TB risk assessment?
The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?
Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?
A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?
Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?
Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?
No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.

California School Employee Tuberculosis Risk Assessment Frequently Asked Questions

What screening is required for someone who has a history of a positive TB test or TB disease at hire?

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 previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes "frequent or prolonged contact with pupils"?

Examples of what may be considered "frequent or prolonged contact with pupils" include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does "determined to be free of infectious tuberculosis" mean on the Certificate of Completion?

"Determined to be free of infectious TB" means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (http://www.cdc.gov/tb/publications/LTBI/default.htm). If you have specific TB screening or treatment questions, please contact your local TB control program (http://www.ctca.org/locations.html).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers' Association
  https://www.ctca.org/providers/
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
  http://www.csno.org/

5/06/20

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San Bruno Park School District
Volunteer Live Scan Information

• All volunteers are required to complete digital fingerprinting (Live Scan) once during the duration of your student's schooling in the San Bruno Park School District.

• You are welcome to use any Live Scan location. However, the District has a partnership with IAR Live Scan, which offers a very fast turnaround time.

• The cost for Live Scan fingerprinting through IAR Live Scan is $75.00. Please feel free to visit any other agencies in the area.

• Please note: Neither the school sites nor the District Office cover the fingerprinting fee. This cost is the responsibility of the volunteer.

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Información sobre escaneo de huellas para voluntarios del Distrito Escolar del Parque de San Bruno

•Todos los voluntarios deben completar la toma de huellas digitales (Live Scan) una vez durante la duración de la escuela de su estudiante en el Distrito Escolar de San Bruno Park.

Puede usar cualquier centro de Live Scan. Sin embargo, el Distrito colabora con IAR Live Scan, lo que ofrece un plazo de entrega muy rápido.

El costo de la toma de huellas dactilares con Live Scan a través de IAR Live Scan es de $75.00. No dude en visitar otras agencias en la zona.

• Nota: Ni las escuelas ni la Oficina del Distrito cubren el costo de la toma de huellas dactilares. Este costo es responsabilidad del voluntario.

IAR Live Scan
Fingerprinting

1710 El Camino Real, #D, San Bruno, CA 94066
(650) 588-8935

IAR Live Scan is a California State Authorized PSP (Private Service Provider) for Live Scan digital fingerprinting. IAR is certified by the CA Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Live Scans are used for background reports.

Business Hours

Monday-Friday	10:30 am - 4:30 pm
Saturday	11:00 am - 1:30 pm

All services require an appointment – book online
https://iarlivescan.com/

Before you come in:

- Book online or call ahead for an appointment
- Get a **Request for Live Scan** form from the agency requesting a background check
- Fill out the applicant information section completely. Use ink, no pencil.

What to bring to your appointment:

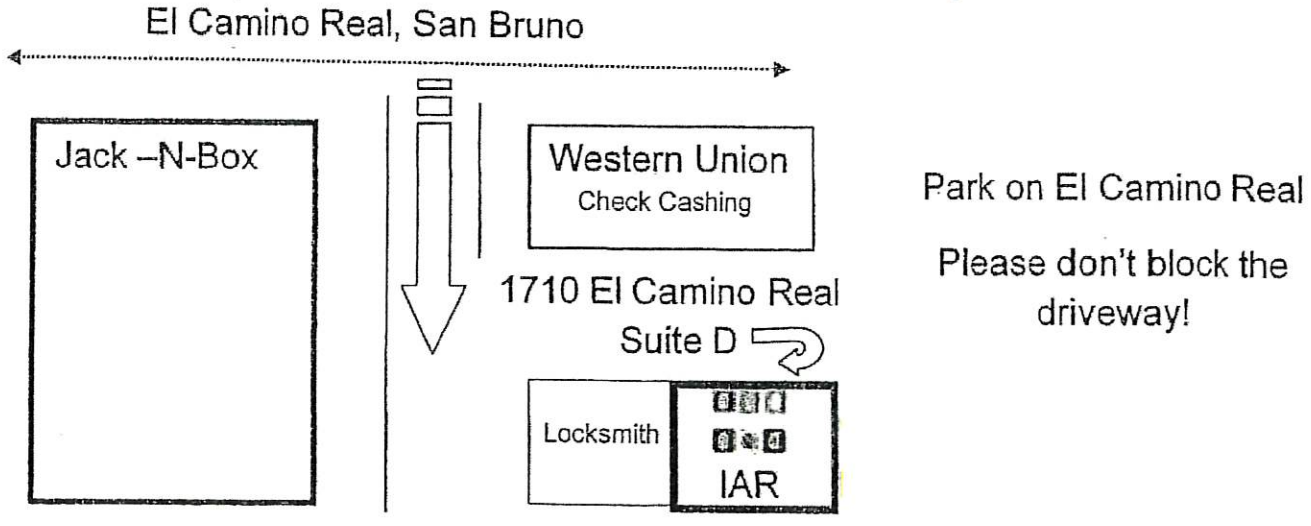
- Driver's License, State ID Card or Passport. Must be valid.
- Live Scan forms, **THREE** (3) completed copies.

Costs for Live Scan:

- $30 rolling fee + DOJ/FBI fees which vary. These fees are set by the CA Department of Justice and are based on the Live Scan form you bring in.

Accepted forms of payment: cash, credit/debit cards, check, cashier's check and PayPal.

How to find us:



STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AB464
ORI (code assigned by DOJ)

SCHOOL DISTRICT VOLUNTEER
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SAN BRUNO PARK SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

02000
Mail Code (five-digit code assigned by DOJ)

500 ACACIA AVENUE
Street Address or P.O. Box

JENNIFER PEPONIS
Contact Name (mandatory for all school submissions)

SAN BRUNO | CA | 94066
City | State | ZIP Code

(650) 624-3100
Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name | First Name | Suffix

Sex ☐ Male ☐ Female

Date of Birth | Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number (Agency Billing Number)

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

Misc. Number (Other Identification Number)

Home Address: Street Address or P.O. Box | 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: OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: (Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

SAN BRUNO PARK SCHOOL DISTRICT
Employer Name

500 ACACIA AVENUE
Street Address or P.O. Box

+1 (650) 624-3100
Telephone Number (optional)

SAN BRUNO | CA | 94066 | 02000
City | State | ZIP Code | Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed by:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

DEPARTMENT OF JUSTICE
PAGE 1 of 4

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AB464
ORI (Code assigned by DOJ)

SCHOOL DISTRICT VOLUNTEER
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SAN BRUNO PARK SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

02000
Mail Code (five-digit code assigned by DOJ)

500 ACACIA AVENUE
Street Address or P.O. Box

JENNIFER PEPONIS
Contact Name (mandatory for all school submissions)

SAN BRUNO
City

CA
State

94066
ZIP Code

(650) 624-3100
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

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:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
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If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

SAN BRUNO PARK SCHOOL DISTRICT
Employer Name

500 ACACIA AVENUE
Street Address or P.O. Box

+1 (650) 624-3100
Telephone Number (optional)

SAN BRUNO
City

CA
State

94066
ZIP Code

02000
Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AB464
ORI (Code assigned by DOJ)

SCHOOL DISTRICT VOLUNTEER
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SAN BRUNO PARK SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

02000
Mail Code (five-digit code assigned by DOJ)

500 ACACIA AVENUE
Street Address or P.O. Box

JENNIFER PEPONIS
Contact Name (mandatory for all school submissions)

SAN BRUNO | CA | 94066
City | State | ZIP Code

(650) 624-3100
Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name | First Name | Suffix

Sex ☐ Male ☐ Female

Date of Birth | Driver's License Number

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Billing Number (Agency Billing Number)

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

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SAN BRUNO PARK SCHOOL DISTRICT
Employer Name

500 ACACIA AVENUE
Street Address or P.O. Box

+1 (650) 624-3100
Telephone Number (optional)

SAN BRUNO | CA | 94066 | 02000
City | State | ZIP Code | Mail Code (five-digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[1] Written notification includes electronic notification, but excludes oral notification
[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[3] See 28 CFR 50.12(b)
[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)