VOLUNTEER APPLICATION PACKET

This form is intended to guide you through the steps that need to be completed prior to becoming a volunteer with the Byron Union School District.

NOTE: Volunteer Applications are ONLY accepted twice per School Year:

1. **School Registration - First Day of Fall Break**

   and

2. **February 1st - First Day of Spring Break**

Thank you for your interest in becoming a volunteer within the Byron Union School District. Below you will find a list of items that need to be completed prior to being cleared as a volunteer.

➔ **LiveScan Fingerprinting**
Necessary paperwork is attached.
Bring the completed form and a picture ID to the appointment.

Please note that the district will cover the cost of processing your LiveScan, but you will bear the expense of the "rolling fee".

➔ **Proof of a negative TB test.**
Please provide evidence that you are clear of TB by submitting proof of a negative test or chest x-ray that was completed within the last 4 years.

Please submit the following completed paperwork to your school site:

- ☐ Volunteer Application
- ☐ Live Scan Receipt
- ☐ Receipt and Acknowledgment of Child Abuse Reporting Requirements
- ☐ Emergency Form
- ☐ Proof of Negative TB Result
- ☐ Mandated Reporter Training Certificate (must be completed annually)

Byron Union School District

14301 Byron Highway, Byron, CA 94514
(925) 809-7501 • Fax (925) 634-9421

Crystal Castañeda, Superintendent

Byron Union School District Volunteer Application

Return application and other required documents directly to school of choice
Please print legibly

Name: _____

Address: _____

_____

If related to a child in school provide name(s) of students:

_____

Telephone: _____ Email: _____

School Sites for Volunteering: ☐ Excelsior Middle ☐ Discovery Bay Elementary ☐ Timber Point Elementary

Have you ever been convicted of a felony or misdemeanor, or do you currently have felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: Exclude convictions for marijuana-related offenses for more than two years old.) Yes ☐ No ☐

If "Yes," list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 6677.6© and 1192,7(c). Use a separate piece of paper if needed.

Have you ever been required to register as a sex offender? ☐ Yes ☐ No

If yes, please explain (use additional pages if needed)

_____

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school official if you are a registered sex offender. Your failure to disclose this fact could result in your arrest, prosecution, and likely fine and imprisonment. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District.

I hereby waive any responsibility or liability against the Byron Union School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information provided. I will follow the guidelines to the best of my ability.

Signature: _____ Date _____

STATE OF CALIFORNIA
BCIA 8016
(Rev. 03/2024)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5081
ORI (Code assigned by DOJ)

Classified
Authorized Applicant Type

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

Contributing Agency Information:

Byron Union School District
Agency Authorized to Receive Criminal Record Information

01565
Mail Code (five-digit code assigned by DOJ)

14301 Byron Highway
Street Address or P.O. Box

Anna Foster
Contact Name (mandatory for all school submissions)

Byron — City
CA — State
94514 — ZIP Code

(925) 809-7504
Contact Telephone Number

Applicant Information:

Last Name
First Name
Middle Initial
Suffix

Other Name: (AKA or Alias)

Last Name
First Name
Suffix

Date of Birth
Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height
Weight
Eye Color
Hair Color

Billing Number 142358
(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):

Employer Name

Street Address or P.O. Box
Telephone Number (optional)

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)

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME	
POSITION Volunteer	FACILITY NUMBER Byron Union School District

California law REQUIRES certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, YOU are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of $1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBLITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE	DATE

VOLUNTEER EMERGENCY CONTACT FORM

NAME: **DOB:**

ADDRESS:
Street City Zip

PHONE: Hm: Cell:

JOB TITLE: **WORK LOCATION:**
(Position for which you were hired) (School site or District facility)

EMAIL ADDRESS:

The following information is needed for use in the event of an emergency/disaster. It is understood that the instructions given on this form will remain in force until revoked by you.

In case of an emergency/disaster, contact:

NAME (Spouse/Other) Relationship Day Phone Cell#

Name of person living at different address Relationship Day Phone Cell#

Physician Address Phone#

List any special medical conditions and/or special instructions regarding your physical condition.

Signature Date