

La Mesa-Spring Valley School District  
**VOLUNTEER CODE OF CONDUCT**

*As a volunteer, I agree to abide by the following code of volunteer conduct*

1. Immediately upon arrival, I will sign in at the school office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students.
5. I will not solicit outside contact with students.
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
11. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

**FOR YOUR RECORDS: VOLUNTEER COPY**



# 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)	
<input type="checkbox"/>	<b>Yes</b> <ul style="list-style-type: none"> <li>• If there is a <u>documented</u> 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.</li> </ul>
<input type="checkbox"/>	<b>No</b> (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	<b>One or more sign(s) or symptom(s) of TB disease</b> <ul style="list-style-type: none"> <li>• TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.</li> </ul>
<input type="checkbox"/>	<b>Birth, travel, or residence</b> in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> <li>• Includes countries <u>other than</u> the United States, Canada, Australia, New Zealand, or Western and North European countries.</li> <li>• Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.</li> </ul>
<input type="checkbox"/>	<b>Close contact</b> 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  
Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A4448

Code assigned by DOJ

Type of Application: (Check One)  Classified School Emp  Credentialed School Emp

The following selections are for Public Schools Only:

License, Certification, Permit  Peace Officer  Law Enforcement Personnel  Volunteer

Job Title or Type of License, Certification or Permit \_\_\_\_\_

Agency Address Set Contributing Agency:

LA MESA -SPRING VALLEY SCHOOL DISTRICT

Agency authorized to receive criminal history information

01771

Mail Code (five-digit code assigned by DOJ)

4750 DATE AVENUE

Street or PO Box Number

Katie Kenley

Contact Name (Mandatory for all school submissions)

LA MESA

City

CA

State

91942

Zip Code

(619) 668-5700 X 6375

Contact Telephone Number

Name of Applicant: \_\_\_\_\_

(Please print)

Last

First

MI

AKA's \_\_\_\_\_

Last

First

CDL NO: \_\_\_\_\_

DOB: \_\_\_\_\_

SEX: Male

Female

Misc No. BIL140288

HT: \_\_\_\_\_

WT: \_\_\_\_\_

Misc No. \_\_\_\_\_

(Applies only if Youth Org/HRA or Public utility submission)

EYE Color: \_\_\_\_\_

HAIR Color: \_\_\_\_\_

Home Address: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

Street or PO BOX \_\_\_\_\_

SSN: \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_

OCA No. (Agency Identifying No)

Level of Service

DOJ

FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_

Date \_\_\_\_\_

Name of Operator

Transmitting Agency \_\_\_\_\_

ATI NO \_\_\_\_\_

Amount Collected/ Billed \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

BC11 8016 (REV01/14) ORIGINAL- Live Scan Operator; SECOND COPY- Requesting Agency; THIRD COPY-Requesting Agency