

NAME: \_\_\_\_\_

## **Checklist for Volunteer Paperwork**

- 1. Background check - [www.ncrisk.org/adventist](http://www.ncrisk.org/adventist)
- 2. Application
- 3. Commitment
- 4. Vehicles
- 5. TB Self Screening
- 6. TB Risk Assessment - to be done by health care provider (nurse or doctor).
- 7. Live-scan

# Background check

## Step 1

Register for your background check at [www.ncsrisk.org/adventist](http://www.ncsrisk.org/adventist). New users need to create an account as a first-time registrant and follow the online instructions.

## Step 2

When prompted, select the state: **"CA"** then select **"[Southeastern California Conference](#)"**

## Step 3

Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name.

## Step 4

As you complete the instructions, **do not click the back button** or your registration will be lost.

## Step 5

Select your primary location where you work or volunteer and click continue. If you work or volunteer in another location, please select **'Yes'** and then select the location **[Loma Linda Academy](#)**.

## Step 6

Select your role(s) within the organization (multiple may be selected), Ex: Driver or Coach (Volunteer)

## Step 7

**Click on the green circle** to begin the online training. Upon completion, the last screen will allow you to print a certificate.

## Step 8

Read the instructions regarding the details of the online training and then proceed.

## Step 9

Select 'Click Here' to begin the online training (Note: Training can take up to one hour)

## Step 10

Upon completion of your online training, you will be instructed to complete your background check. Complete the steps within the background check process.

For further assistance, call **855-326-1860, option 3**, or email **[AdventistSupport@sterlingvolunteers.com](mailto:AdventistSupport@sterlingvolunteers.com)**.

# Volunteer

## APPLICATION

Full Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Address Apartment/Unit#

\_\_\_\_\_ City State Zip Code

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

**Department**  Elem.  JH  HS  Coach  Other \_\_\_\_\_

Student Name \_\_\_\_\_ Relationship \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Relationship \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Relationship \_\_\_\_\_ Grade \_\_\_\_\_

### Emergency Contact Information

Full Name \_\_\_\_\_  
Last First M.I.

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  Home  Work

Relationship \_\_\_\_\_

\*\*\*\*\* Business Office Use \*\*\*\*\*

Date Received \_\_\_\_\_ Date Cleared \_\_\_\_\_ Initials \_\_\_\_\_

Basic  Extended  Driver  Non-Driver

# Volunteer

## COMMITMENT

### Read and sign below

*The Office of Education, Southeastern California Conference of Seventh-day Adventists, believes it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. We want others to feel comfortable and confident with your involvement with our students as a school volunteer.*

---

I recognize that working with children and youth is not only a privilege, but also a serious responsibility that must be approached with utmost care.

Therefore:

- I will . . . cooperate with the school by being a volunteer who is caring, kind, firm, and always thoroughly professional.
- I will . . . model Christian behavior and language.
- I will . . . respect the privacy and honor the confidentiality of students, families, and staff.
- I will . . . provide appropriate supervision at all times, never leaving unattended a student or group of students for whom I am responsible.
- I will . . . affirm student's behavior with appropriate comments.
- I will . . . follow the discipline guidelines given to volunteers, abstaining from corporal punishment and from any form of physical or verbal abuse or harassment.
- I will . . . avoid all situations where I would be alone with one student.
- I will . . . use responsible judgment if any physical contact is appropriate or necessary.
- I will . . . always assist students in a room or area where I am easily visible to others.
- I will . . . cooperate with the volunteer screening process as required by the school.

I, the undersigned, have read this document and agree to abide by the School Volunteer Commitment outlined above. I will be given a copy of this document and keep it for reference.

As a volunteer I understand that there is no payment and no employment relationship.

---

Print Name

Signature

Date

# Volunteer Vehicles

## INFORMATION FORM

Driver's Name \_\_\_\_\_ (must be at least 25 years of age)

Driver's Phone No. \_\_\_\_\_ CA Driver's License No. \_\_\_\_\_

### VEHICLE 1

Auto Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_

No. of Passenger Seat Belts\* \_\_\_\_\_

### VEHICLE 2 (if applicable)

Auto Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_

No. of Passenger Seat Belts\* \_\_\_\_\_

---

Insurance Company \_\_\_\_\_ Phone No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Insurance effective dates from \_\_\_\_\_ to \_\_\_\_\_

Coverage Must Include: (Please check the box that applies to you.)

- \$15,000/\$30,000/\$5,000      California Minimum Requirement
- \$100,000/\$300,000/\$50,000      Recommended
- \$250,000/\$500,000/\$50,000      Strongly Recommended

---

*\*(Children must be secured by either a federally approved child passenger restraint system or a safety belt depending on their height and age. Go to [www.dmv.ca.gov](http://www.dmv.ca.gov) to view the current CA Driver Handbook – Occupant Protection requirements).*

***Please provide the school office with your driver's license and car insurance for an in-house copy.***

*The above information is true and correct. I understand that as a volunteer driver it is my responsibility to maintain insurance coverage and a valid driver's license throughout the school year. If there is any change in my insurance coverage or driving status, I will update this information with Loma Linda Academy.*

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



# 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):**

# TUBERCULIN TEST REPORT

Southeastern California Conference of SDA  
P O Box 79990, Riverside, CA 92513  
(951) 509-2307 or FAX (951) 509-2392

**ONLY NEEDED IF RECOMMENDED ON  
THE FIRST TB PAGE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

## TUBERCULIN TEST

### Mantoux Skin Test:

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

Positive \_\_\_\_ Negative \_\_\_\_

or

### Chest X-Ray:

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

Positive \_\_\_\_ Negative \_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Type or Print Name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Completion of this form meets the State of California requirement for a test for tuberculosis. **Please return the completed form to:**

**Kathi Christenson, Secretary  
Southeastern California Conference  
Office of Education, P O Box 79990, Riverside, CA 92513**



# Request for Livescan Service - Applicant Submission

Name of Applicant: \_\_\_\_\_  
(Please Print)

Type of Application: (check one)  employment  licensing  certification  permit  volunteer

Position or Job Title: \_\_\_\_\_ SCHOOL: Loma Linda Academy

Level of Service Requested:  DOJ  FBI If resubmission, list Original ATI No. \_\_\_\_\_  
(Shown on Reject Notice)

**Personal Descriptor Information - Applicant:**

DOB: \_\_\_\_\_ AKA's: \_\_\_\_\_  
 HT: \_\_\_\_\_ WT: \_\_\_\_\_ SEX:  Male  Female  
 POB: \_\_\_\_\_ HAIR/Color: \_\_\_\_\_ EYE/Color: \_\_\_\_\_  
 CDL No: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 SS No: \_\_\_\_\_

**Contributing Agency:**

**SOEAST CONF SDA**  
Agency Name  
 11330 PIERCE STREET  
 RIVERSIDE CA 92505  
City, State and Zip

**Kathi Christenson**  
Contact Name  
 (951) 509-2311  
Phone No.

FAX No: (951)-509-2392 E-Mail Code: 03649  
(five-digit unique code as previously assigned by DOJ)  
 ORI: A3184

Agency/OCA No. \_\_\_\_\_  
 If Billable:  
 BIL- N/A  
Agency Billing No.

**Send additional response to:**

Client ID No. \_\_\_\_\_

Agency \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State and Zip \_\_\_\_\_

**Livescan Transaction Completed:**

Name of Operator \_\_\_\_\_ Terminal No. \_\_\_\_\_ Date \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ATI No. \_\_\_\_\_  Transmitted to DOJ  Card Printout