



Volunteer Process

Who needs fingerprinting & TB clearance?

Volunteers who work at least one day per week or if they work in the following capacities:

- Field Trip (IF supervising students without a Certificated member present)
- Scholastic programs (during or after the school day)
- Interscholastic programs (during or after the school day)
- Extracurricular activities sponsored by the district or a school booster club, such as cheer team, drill team, dance team, intramural sports, clubs and/or marching band
- Working in the school garden (with students)
- Recurring classroom or school volunteers

Who does NOT need fingerprinting & TB clearance?

- Visitors to campus (check-in using Ident-a-Kid)
- Volunteering on a one-time/periodic basis
- Volunteering to help at a class party or a PTA event (not regularly)
- Volunteering on a field trip (NOT supervising students independently)
- Attending an assembly
- Visiting to do a class observation
- Working in the school garden (without students)

How long will it take to obtain clearance?

Clearances are determined by DOJ and are on a case by case basis. Therefore, please plan ahead for upcoming events accordingly. (Beginning of school year is a great time to begin planning)

Process for Volunteer Clearance :

1. Volunteer Clearance Request Form (to be completed by SOM)
2. Provide volunteer with your Site's Volunteer Process Flyer
3. Volunteer will return LiveScan & TB Clearance to HR@LMSVSCHOOLS.ORG
4. HR will notify SOM once the volunteer is cleared (Fingerprints & TB)
5. Approved volunteers will be added to the Fingerprinted School Volunteer Log. The link can be found here.

**Volunteers who work at multiple school sites need only one background check and tuberculosis test or risk assessment.*

Live Scan Fingerprinting Locations

Postal Annex

2514 Jamacha Road #502

El Cajon, CA 92019

619-660-9874

\$30

La Mesa Police Department

8085 University Ave

La Mesa, CA 91941

619-667-7592 or 619-667-7510

\$20- appointment only Wednesday & Thursday 9am-4pm



We recommend calling to confirm if they accept walk-ins or if an appointment is necessary. Prices subject to change.

For more locations visit: www.oag.ca.gov/fingerprints/locations



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"/>	Yes • 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.
<input type="checkbox"/>	No (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"/>	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.
<input type="checkbox"/>	Birth, travel, or residence in a country with an elevated TB rate for at least 1 month • Includes countries <u>other than</u> 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.
<input type="checkbox"/>	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):