

Colusa Unified School District
745 10th St.
Colusa, CA 95932

VOLUNTEER PACKET

VOLUNTEER SCREENING REQUIREMENTS

Colusa Unified School District welcomes and encourages involvement from parents / guardians, community members, businesses, community organizations, higher education institutions and the military. In order to provide students with a safe environment and allow for a variety of opportunities for volunteering, volunteer participation is classified in 4 categories. Depending on the category, certain processes must be completed by district staff prior to volunteering. All volunteers will be processed annually.

CATEGORY A

Visitors or guests who enter a school for a **one-time** event. This person has no unsupervised exposure or contact with children. Typical examples include Read Across America guest reader, guest / resource speaker, senior project panel member, **one time** volunteer for school or classroom event, or other day or guest-type activity. Parents who attend school to participate in a parent involvement activity such as "Donuts with Dad" with their child(ren) are also considered visitors or guests.

Screening requirements:

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification)
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity

CATEGORY B

Volunteers with group exposure who have little or no direct unsupervised exposure or contact with children, volunteers participating in school activities in open and public settings, and volunteers with classroom exposure who work with children and are supervised by district staff. Volunteer conditions are typically public settings and classrooms where staff or other adults can observe at all times, no solitary time with children, and always within unobstructed view. Typical examples include classroom tutoring, classroom reading, classroom assistance and after-school programs where supervised by district personnel, field trip chaperones (no driving involved), as well as non-classroom volunteers such as office helpers, non-classroom assistance, organized functions associated with school organizations such as, school foundation, Site Council, etc.

Screening requirements:

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification)
- Complete and submit for approval the district School Volunteer Application Packet (TB Form, Application & Code of Conduct)
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity

CATEGORY C

Volunteers with classroom exposure, who work directly with students, and may have unsupervised time with students, but only while on district property with district personnel on site. Conditions typically are areas outside of the classroom where staff or other adults can observe at most times, but may occasionally include short solitary time with children and short duration of obstructed view, such as on-site tutoring outside of the classroom.

Screening requirements:

- Be sponsored or approved by a school site or district employee.
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification). By recommendation from the Department of Justice, Mexico identification and voter registration cards are not recognized. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.
- Complete and submit for approval the district School Volunteer Application Packet (TB Form, Application, and Code of Conduct).
- CUSD reserves the right to require fingerprinting. A criminal background may be required to determine whether the applicant is precluded from volunteering as specified in California Education Code section 35021 et seq.
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure.
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity.

CATEGORY D

Volunteers with unrestricted exposure, who work with children and may be unsupervised by district staff. This volunteer likely will have direct and unsupervised interaction with children. Typical examples include volunteer walk-on coaches, high school support personnel for athletics, off-site tutoring, mentoring, all volunteer drivers (includes one-time or reoccurring drivers), and overnight chaperones. Conditions typically include an off-campus setting and unsupervised solitary time. Returning Category D volunteers who have a current fingerprint clearance on file with CUSD do **NOT** need to be fingerprinted annually. However, a School Volunteer Application Packet is required each year.

Screening requirements:

- Be sponsored or approved by a school site or district employee.
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification).
- Complete and submit for approval the district School Volunteer Application Packet (TB Form, Application and Code of Conduct).
- New volunteers must submit their fingerprints to both State and National databases. Fingerprint rolling fees are the responsibility of the volunteer (a one-time fee of approximately \$10-\$25 is required by the Sheriff's Office and the responsibility of the volunteer). Returning volunteers whose fingerprints have previously cleared under Category D **do not** need to resubmit fingerprints. However, a School Volunteer Application Packet is required each year.
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure.
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity.

VOLUNTEER SCREENING QUICK FACTS

<p style="text-align: center;">CATEGORY A</p> <ul style="list-style-type: none"> • Visitor or guest for one-time event • No unsupervised exposure or contact with students <p>Examples:</p> <ul style="list-style-type: none"> • Read Across America guest reader • Guest/resource speaker or classroom presentation • Senior Presentation panel member • One-time volunteer for school/classroom event • Parents eating lunch with their child • Parents participating in parent involvement activity such as "Donuts with Dad" <p>Screening Requirements:</p> <ul style="list-style-type: none"> • Sponsored or approved by site or district employee • Show ID to site • Sign in at site • Wear name badge on site 	<p style="text-align: center;">CATEGORY B</p> <ul style="list-style-type: none"> • Group exposure with direct staff supervision • Classroom exposure supervised by district staff • Open/public setting classrooms where staff/adults can observe at all times • Always within unobstructed view • No solitary time with students <p>Examples:</p> <ul style="list-style-type: none"> • Classroom assistance, tutoring or reading • School police parent patrol volunteers • Field trip chaperones (drivers must also follow district procedures regarding licensing & insurance coverage) • Non-classroom volunteers (Office & SSC) <p>Screening Requirements:</p> <ul style="list-style-type: none"> • Sponsored or approved by site or district employee • Show ID to site • Sign in at site • Wear name badge on site • Submit district Volunteer Application Packet (TB Form, Application, and Code of Conduct)
<p style="text-align: center;">CATEGORY C</p> <ul style="list-style-type: none"> • Unsupervised time with students only while on district property with district personnel on site • Time with student(s) in areas outside of classroom where staff/adults can observe most times • Occasional short periods of solitary time with students and short duration of obstructed view <p>Examples:</p> <ul style="list-style-type: none"> • On-site tutoring outside of the classroom (i.e. – ASES, Small Groups, etc.) <p>Screening Requirements:</p> <ul style="list-style-type: none"> • Sponsored or approved by site or district employee • Show ID to site (site photocopies and sends to DO with Volunteer Application Packet) • Sign in at site • Wear name badge on site • Submit district Volunteer Application Packet (TB Form, Application, and Code of Conduct) • <u>CUSD reserves the right</u> to require fingerprinting (a one-time fee of approximately \$10 - \$25 is required by the Sheriff's Office and the responsibility of the volunteer). 	<p style="text-align: center;">CATEGORY D</p> <ul style="list-style-type: none"> • Unrestricted exposure/unsupervised interaction with students • Off-campus setting and unsupervised solitary time <p>Examples:</p> <ul style="list-style-type: none"> • Volunteer walk-on coaches • Support personnel for athletics • Volunteer Drivers • Offsite tutoring/mentoring • Overnight chaperones <p>Screening Requirements:</p> <ul style="list-style-type: none"> • Sponsored or approved by site of district employee • Show ID when on site (site photocopies & sends to DO with Volunteer Application) • Sign in when on site • Wear name badge when on site • Submit district Volunteer Application Packet (TB Form, Application, and Code of Conduct) • Category D Background Check: REQUIRED DOJ & FBI Fingerprint clearance (a one-time fee of approximately \$10-\$25 is required by the Sheriff's Office and the responsibility of the volunteer).

Colusa Unified School District Volunteer Application

School Year: _____

Date: _____ District Sponsor: _____ Site: _____

Full Name: _____

Address: _____ DOB: _____

Home Phone: _____ Email: _____ Cell Phone: _____

Notify in Case of Emergency: _____

Current Employer: _____

DL # / ID #: _____

Personal Reference: _____

Please check whether you are a new or returning CUSD volunteer. New Returning

Do you have any pending criminal charges against you? Yes No

Have you ever been convicted* of a felony or misdemeanor? Yes No

Have you ever been convicted* of a sex, drug, or weapon related offense? Yes No

Are you required to register as a sex offender under Penal Code 290.95 Yes No

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If YES, please explain:

Parent/Guardian Volunteers: Please check whether you plan to drive for a field trip during the school year. (REQUIRES LEVEL D CLEARANCE) Yes No

Please list the name(s) of your child(ren): _____

For security reasons, a background check will be conducted by District level staff. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California Law.

I give my permission to have my personal and professional references researched and hold the district and any individual providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature _____

Date _____

To be completed by Site Level Staff:

TB Test completed (date): _____

Volunteer category (check appropriate box)

Category B

Category C

Category D

To be completed by DO Staff:

DISTRICT PROCESSING DATE: _____ Cleared

DISTRICT PERSONNEL: _____

Volunteer Service Ended:

Reason for leaving:

Child no longer at school

Moved Illness

Employment Requested

Other

DISTRICT PROCESSING DATE: _____

DISTRICT PERSONNEL: _____

VOLUNTEER CODE OF CONDUCT
(THIS DOCUMENT DEFINES THE DISTRICT'S EXPECTATIONS FOR ALL VOLUNTEERS)

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

1. Immediately upon arrival, I will sign in at the site's main office.
2. I will wear or show 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 who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree to not exchange telephone numbers, home addresses, email addressed or any other home directory information with students for any purpose, unless it is as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
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 and will abide by District Procedures when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree to only do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

Print Name _____

Signature _____

Date _____

Phone Number _____



California Adult Tuberculosis Risk Assessment



- Use this tool to identify asymptomatic **adults** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
- Do not treat for LTBI until active TB disease has been excluded:
For patients with TB symptoms or an abnormal chest x-ray consistent with active 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 or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

- ☐ **Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
 - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
 - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old
- ☐ **Immunosuppression**, current or planned
- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication
- ☐ **Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

- ☐ **None**; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

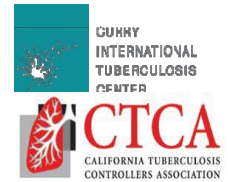
Date of Birth: _____

See the California Adult Tuberculosis Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the [TB RISK ASSESSMENT page](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx>)





California Adult TB Risk Assessment User Guide



Avoid testing persons at low risk

Routine testing of persons without risk factors is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Prioritize persons with risks for progression

If health system resources do not allow for testing of all non-U.S. born persons from a country with an elevated TB rate, prioritize patients with at least one of the following medical risks for progression:

- diabetes mellitus
- smoker within past 1 year
- end stage renal disease
- leukemia or lymphoma
- silicosis
- cancer of head or neck
- intestinal bypass/gastrectomy
- chronic malabsorption
- body mass index ≤ 20
- History of chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules, but does not include solitary calcified nodule or isolated pleural thickening. In addition to LTBI testing, evaluate for active TB disease.

United States Preventive Services Task Force

The USPSTF has recommended testing persons born in or former residents of, a country with an elevated tuberculosis rate and persons who live in or have lived in high-risk congregate settings such as homeless shelters and correctional facilities. Because the increased risk of exposure to TB in congregate settings varies substantially by facility and local health jurisdiction, clinicians are encouraged to follow local recommendations when considering testing among persons from these congregate settings. The USPSTF did not review data supporting testing among close contacts to persons with infectious TB or among persons who are immunosuppressed because these persons are recommended to be screened by public health programs or by clinical standard of care.

Children

This risk assessment tool is intended for adults. A risk assessment tool created for use in California for children is available on the [TBCB Risk Assessment page](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf). ([https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf)

[Assessment.pdf](#))

Local recommendations

Local recommendations and mandates should also be considered in testing decisions. Local TB control programs can customize this risk assessment according to local recommendations. **Providers should check with local TB control programs for local recommendations.**

A directory of TB Control Programs is available on the [CTCA website](https://www.ctca.org/locations.html). (<https://www.ctca.org/locations.html>)

Mandated testing and other risk factors

Several risk factors for TB that have been used to select patients for TB screening historically or in mandated programs are not included among the components of this risk assessment. This is purposeful in order to focus testing on patients at highest risk. However, certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others.

Age as a factor

Age (among adults) is not considered in this risk assessment. However, younger adults have more years of expected life during which progression from latent infection to active TB disease could develop. Some programs or clinicians may additionally prioritize testing of younger non-U.S.-born persons when all non-U.S.-born are not tested. An upper age limit for testing has not been established but could be appropriate depending on individual patient TB risks, comorbidities, and life expectancy.

Foreign travel

Travel to countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g., extended duration, likely contact with persons with infectious TB, high prevalence of TB in travel location, non-tourist travel). The duration of at least 1 consecutive month to trigger testing is intended to identify travel most likely to involve TB exposure. TB screening tests can be falsely negative within the 8 weeks after exposure, so are best obtained 8 weeks after return from travel.



When to repeat a test

Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel in certain circumstances.

When to repeat a risk assessment

The risk assessment should be administered at least once. Persons can be screened for new risk factors at subsequent preventive health visits.

IGRA preference in BCG vaccinated

Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Chest radiograph findings consistent with previous or inactive TB include fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. 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 active 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 patient with active TB disease can be a sign of extensive disease and poor outcome.

Symptoms that should trigger evaluation for active TB disease

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

How to evaluate for active 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 or interferon gamma release assay does not rule out active TB disease

Most patients with LTBI should be treated

Persons with risk factors who test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not feel compelled to treat persons who have no risk factors but have a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating latent TB infection have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. 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.

Shorter duration LTBI treatment regimens

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine	Weekly	12 weeks*

* 11-12 doses in 16 weeks required for completion.

Patient refusal of recommended LTBI treatment

Refusal should be documented. Recommendations for treatment should be made at future encounters with medical services. If treatment is later accepted, TB disease should be excluded and CXR repeated if it has been more than 6 months from the initial evaluation; or more than 3 months if there is immunosuppression, or the prior CXR was abnormal and consistent with potentially active TB disease.

Resources

Fact Sheets for LTBI Regimens, Isoniazid+Rifapentine, Rifampin, and Isoniazid are available on the [TBCB LTBI Treatment page](http://www.cdph.ca.gov/LTBITreatment). (www.cdph.ca.gov/LTBITreatment)

U.S. Preventive Services Task Force Latent TB Infection Screening Recommendations are available on the [U.S. Preventive Services Task Force website](https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening). (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening>)

Abbreviations

AFB= acid-fast bacilli BCG= Bacillus Calmette-Guérin
CXR= chest x-ray DOT= directly observed therapy
IGRA=interferon gamma release assay LTBI= latent TB infection
MDR =multiple drug resistant NAAT= nucleic acid amplification testing
SAT= self-administered therapy TST= tuberculin skin test

