

**GUIDELINES FOR COMPLETING  
“REQUEST FOR LIVE SCAN SERVICE FORM”**

FIELD	COMMENT
<b>ORI (Originating Agency Identifier):</b>	This is a number assigned by DOJ to identify authorized users. Each agency must have an assigned ORI prior to submitting fingerprints.
<b>TYPE OF APPLICATION:</b>	Example: Peace Officer, State Employee, Employment, License, Permit, etc. The application type determines the dissemination criteria used in preparing the response, and each authorized agency has specific application type(s) it is permitted to use. Since agencies may have more than one authorized application type, it is important this field be filled out correctly.
<b>JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:</b>	Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc. This is a free-form field where the agency can include the specific job title, license, certificate or permit being requested. If the Application Type and Title conflict (e.g., Foster Family License applicant type, and Petition for Adoption application title) the transaction may be rejected.
<b>AGENCY ADDRESS SET CONTRIBUTING AGENCY:</b>	Please print or attach a pre-printed label containing the name and address label of the authorized applicant agency requesting the fingerprint check. Those agencies authorized to use generic ORIs must ensure that the agency name in this field is identical to the name used when the ORI was authorized, otherwise the transaction may be rejected.
<b>MAIL CODE:</b>	This is a unique number assigned by the Department of Justice to those agencies which have requested responses by electronic mail or fax. If this code is not entered, the response may be printed out and mailed instead of sent electronically. An incorrect code will cause the response to be sent to the wrong agency.
<b>CONTACT NAME:</b>	Enter the person’s name at the agency who is authorized to receive the response. <b>THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK</b>
<b>CONTACT TELEPHONE NUMBER:</b>	Enter the phone number for the Contact Person. <b>THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK</b>
<b>NAME OF APPLICANT &amp; PERSONAL DESCRIPTORS:</b>	Enter the requested information.
<b>MISC NO. BIL (Billing Number):</b>	If the agency has been assigned a billing number by the Department of Justice, that number should be recorded here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction directly to the Live Scan operator.
<b>HOME ADDRESS:</b>	The applicant’s home address is mandatory for applicants requiring a Child Abuse Index check and where statute requires a notification to the applicant as well as the agency.
<b>YOUR NUMBER:</b>	Some agencies assign a unique number to each applicant. A field is provided for this number for the agency’s convenience to help match the response to the correct applicant (this can be helpful if you have applicants with similar names).
<b>LEVEL OF SERVICE:</b>	Please check the appropriate box(es). Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
<b>ORIGINAL ATI (Applicant Transaction Identifier) NO.:</b>	<b>FOR RE-SUBMISSIONS ONLY.</b> The ATI is recorded on the last line of the Live Scan Request form by the Live Scan operator when the transaction is completed. If the applicant’s fingerprints were previously rejected and are now being re-submitted, the ATI from the ORIGINAL Live Scan Request form must be included or the agency will be charged again for the transaction.
<b>EMPLOYER:</b>	This field is required to be completed if a response is required to be sent to the employer in addition to, or instead of, the submitting agency, (i.e., a facility licensed by the Department of Social Services).



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AE456  
ORI (Code assigned by DOJ)

Employment  
Authorized Applicant Type

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

#### Contributing Agency Information:

Pivot online charter school  
Agency Authorized to Receive Criminal Record Information

15408  
Mail Code (five-digit code assigned by DOJ)

2550 Lakewest Dr. Suite 30  
Street Address or P.O. Box

Jayna Gaskell  
Contact Name (mandatory for all school submissions)

Chico CA 95928  
City State ZIP Code

530-550-7616  
Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name (AKA or Alias) Last \_\_\_\_\_

First \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female

Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Billing Number 151540  
(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 \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Pivot Charter School  
Employer Name

15408  
Mail Code (five digit code assigned by DOJ)

2550 Lakewest Dr. Suite 30  
Street Address or P.O. Box

Chico CA 95928  
City State ZIP Code

530-636-4479  
Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_

Date \_\_\_\_\_

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

ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



# 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).

# California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

## Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

### AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

### SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

### SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

## Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

## Previous or inactive tuberculosis

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 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 person with active TB can be a sign of extensive disease and poor outcome.

## Symptoms of TB should trigger evaluation for active TB disease

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

## Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

## Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. 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.

## Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

*Please consult with your local public health department on any other recommendations and mandates that should also be considered.*



## 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):**



# California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

## What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
  - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
  - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
  - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

## What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

## What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



## California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



### Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

### Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. The practice of allowing employees or volunteers to self-assess is discouraged.

### What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

### If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

### If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

### If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

### If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

### If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years? No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



## California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



### What screening is required for someone who has a history of a positive TB test or TB disease at hire?

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 previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

### For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

### Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

### What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

### What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

### Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association  
<https://www.ctca.org/menus/private-providers.html>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email [csno@csno.org](mailto:csno@csno.org)  
<http://www.csno.org/>





## Volunteer Driver/Chaperone Application

1. Read the Volunteer Driver/Chaperone Policy Information Packet, print and sign the last page.
2. Print and complete the Volunteer Driver/Chaperone Application.
3. Copy of current driver's license.
4. Copy of Proof of Insurance.
5. Email all of the above to the Director of Human Resources. Brittany Daugherty at [bdaugherty@pivotcharter.org](mailto:bdaugherty@pivotcharter.org) or drop off with your Site Coordinator.
6. Fingerprinting cards will be emailed to you by the Director of Human Resources, Brittany Daugherty once you have submitted the required paperwork. Pivot will reimburse the volunteer for the cost of the background check with submission of original receipts.
7. Proof of a negative TB Test to be submitted the same as #5 above.

**Campus for Volunteer Driver/Chaperone:**

**Field Trip Destination and Date:**

**Supervisor of Volunteer (must be a Pivot employee):**

Volunteer First Name:

Last Name:

Pivot Student/Staff Member:

Relationship to Student/Staff Member:

Volunteer Address:

City/State/Zip:

Telephone:

Email:

**In an emergency, notify:**

First Name

Last Name

Address

City/State/Zip

Telephone:

- I am volunteering as a Driver Only
- I am volunteering as a Driver and Chaperone
- I am volunteering as a Chaperone Only

Driver/Chaperone Volunteer Signature:



**DRIVER VOLUNTEER CERTIFY THE FOLLOWING:**

- 1. I am the registered owner/legal lessor of the vehicle that will be transporting students. I am 21 years old or older. If vehicle is borrowed, registered owner must verify number 4 and 5 below and sign below.
- 2. I have a valid driver's license. License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- 3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving for the past five (5) years.

- 4. I have liability/medical coverage on this vehicle with the following limits:

Property Damage - \$50,000

Medical - \$5,000

Bodily Injury - \$100,000 per individual and \$300,000 per occurrence

I understand that the individual/community driver's insurance will be the first carrier sought for payment in case of an accident.

Name of Insurance Company: \_\_\_\_\_

Agent Name & Number: \_\_\_\_\_

- 5. My vehicle is not designated to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger and driver will have a seatbelt. Driver will enforce the use of seatbelts, car seats and booster seats as required by law.

Make/Model/Year of Vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Number of Seat belts: \_\_\_\_\_

Signature of Driver Volunteer: \_\_\_\_\_

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

Signature of Registered Owner of Loaned Vehicle: \_\_\_\_\_

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

Address of Registered Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer Approved by Director of Human Resources

Not approved by Director of Human Resources for the following reasons:



## **Volunteer Driver/Chaperone Policy Information Packet**

We are grateful that you have chosen to volunteer as a Driver/Chaperone. With your help our students' opportunities for success and achievement are enhanced.

**YOU MAKE A DIFFERENCE!**

### **Policy:**

Volunteer driver/chaperone shall perform volunteer services under the supervision of an assigned Pivot employee and shall have the approval of the Director of Human Resources to perform such volunteer services.

Volunteer driver/chaperone is expected to follow the direction of the Pivot employee to whom they have been assigned and to conform to all applicable laws, rules, and policies.

Volunteer driver/chaperone with any supervision of, or interaction with, students is required to submit to a criminal background check as a condition of service. Until the background check is complete, the volunteer may not drive or chaperone field trips.

Failure to follow direction of a supervisor or to follow applicable state and federal laws, rules, and Pivot policies may warrant termination of volunteer driver/chaperone services or, in some cases, result in legal consequences. Schools are not required to utilize volunteer services, and the opportunity to volunteer may be denied for any reason at the sole discretion of school administration.

### **Procedure:**

1. All persons interested in providing volunteer driver/chaperone services must complete the Volunteer Driver/Chaperone Policy Information Packet and sign the Volunteer Driver/Chaperone Application.
2. The Director of Human Resources must authorize and sign the Volunteer Driver/Chaperone Agreement.
3. The assigned school will be responsible for providing all volunteers with information regarding assignment, safety, privacy, security, school policies, and the field trip plans and protocols.
4. All information on volunteers will be retained at the school where services are provided and will be readily accessible to the Home Office if needed.



5. In addition to clearing a background check, volunteers must also show proof of a negative TB test.

Fingerprinting cards will be emailed to you by the Director of Human Resources, Brittany Daugherty at [bdaugherty@pivotcharter.org](mailto:bdaugherty@pivotcharter.org) once you have submitted the required paperwork. Pivot will reimburse the volunteer for the cost of the background check with submission of original receipts.

For insurance reasons, volunteers are expected to make alternate plans for the care of younger siblings. They are not to accompany you in your volunteer capacity.

### ***TB Test and Background Check***

Fingerprinting and TB tests are required for all Volunteer Drivers/Chaperones.

### ***Discipline***

Rules and procedures related to student discipline have been established by the school. Teachers and school administrators are responsible for student discipline. These guidelines are maintained for the safety and the welfare of all students. Fairness, consistency, and follow-through are essential to maintaining good control. Please remember to ask for the assistance of the teacher or site coordinator if a situation calls for follow-up disciplinary action.

### ***Confidentiality***

Volunteer Driver/Chaperone is responsible for respecting the confidentiality of all students, staff and privileged information to which they may be exposed to as a Volunteer Driver/Chaperone. Our students and their families entrust PCS with important information relating to their personal lives. The nature of this relationship requires maintenance of confidentiality. Your volunteering with PCS assumes an obligation to maintain this confidentiality. It is essential that you not share any information about students, even with your own family, friends, or acquaintances. Because of its seriousness, disclosure of confidential information could lead to dismissal.

### ***Equal Volunteering Opportunity***

PCS provides equal volunteering opportunities for everyone regardless of age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. All matters relating to volunteering are based upon ability to perform the job, as well as dependability and reliability.



### ***Volunteer Relations with Students and Their Families***

The success of PCS's Volunteer Driver/Chaperone program depends upon the quality of the relationship between the volunteers, teachers, students and their parents and the general public. Regardless if you are a volunteer or a paid staff member, you are an ambassador for PCS.

### ***Suspected Child Abuse or Neglect***

Volunteers should report to the school administrator if they have any reason to believe a student has been abused or neglected. Under state law, you are a mandatory reporter and must report this information to the Site Administrator or the Executive Director within 48 hours of knowledge.

### ***Resignation/Dismissal***

If for any reason you decide not to volunteer with PCS, please inform the Site Administrator and those you work with directly. PCS reserves the right to discontinue the volunteer relationship with any individual.

### ***Dress Code***

Volunteers are expected to dress in accordance with accepted social and business standards. If you are unsure as to the appropriateness of particular attire, please consult with the Site Administrator or the Executive Director.

### ***Grievances***

A grievance is defined as any event, condition, rule, or practice which the Volunteer Driver/Chaperone believes violates his/her civil rights, or treats him or her unfairly while volunteering. Volunteers should attempt to resolve a grievance by contacting the Title IX Coordinator, Kareen Poulsen at [kpoulsen@pivotcharter.org](mailto:kpoulsen@pivotcharter.org).

### ***Standards of Conduct***

By volunteering with PCS, you have a responsibility to PCS and to your fellow volunteers to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that the learning environment is not compromised. When a person is aware that he or she can fully depend upon others to follow the rules of conduct, then our organization is a better place to work for everyone. Volunteer Driver/Chaperone should become familiar with the specific rules at the site(s) and field trip at which they volunteer.



Generally speaking, we expect each person to act in a mature and responsible manner at all times. PCS standards of conduct include, but are not limited to:

- Observing safety rules at all times and using common sense in operating any type of equipment.
- Treating fellow volunteers, teachers, students, parents and administrators with respect and kindness.
- “Zero Tolerance,” for the possession of any type of firearm, weapon or explosive on PCS premises.
- The maintenance of a drug-free workplace and field trip. Employees and volunteers are prohibited from being intoxicated or under the influence of controlled substances while volunteering; use, possession, or sale of a controlled substance in any quantity while on PCS premises or field trip (except medications prescribed by a physician which do not impair volunteer performance) will result in immediate dismissal.
- PCS is a tobacco free school. Tobacco products shall not be used on PCS premises or field trip.
- No soliciting or selling of products, services, etc. on PCS premises or field trip without the prior written approval of the Executive Director or his/her designee.
- Refraining from proselytizing in regard to religion or politics on PCS premises or field trip.
- Maintaining the confidentiality of all personal and privileged information.

**Volunteer Driver/Chaperone shall follow the field trip plan as outlined by organizing staff supervisor, and will not deviate from the plan without advance approval.**

### ***Safety Rules***

The following is a list of general safety rules for all workers. Employees and volunteers are required to comply with these rules.

- Under no circumstances shall a volunteer place themselves, a co-worker or a student in a hazardous situation.
- Work area (on or off site) are to be kept neat, orderly and clean. Please report unsafe conditions to the site coordinator immediately.
- Follow all driver safety laws, and make sure all passengers are wearing age appropriate seat belts, car seats, and booster seats as required by law. Driver/Chaperone will maintain a safe vehicle environment.
- Personal protective equipment (goggles, shoes, gloves, respirators, coveralls, etc.) must be worn at all times when specifically required. Loose jewelry or clothing should be avoided.
- Follow good lifting practices. Ask for help when needed and help others lift or carry heavy or bulky objects when necessary. Stack materials safely.



- Do not start or attempt to repair defective electrical equipment.
- Use tools and school machines only for their intended purpose. Do not use defective tools, equipment or machinery. Do not remove guards or safety devices on power tools or equipment.
- Know the location of alarms and fire extinguishers.
- Know evacuation procedures.
- Always keep personal property secured

### ***Tobacco-free Schools***

It is the intent of Pivot Charter Schools to maintain an environment which is free from tobacco and to ensure that all persons enjoying the use of PCS property and programs be provided a safe and healthful environment. In order to effect this commitment, the use of tobacco is prohibited by all persons while on or in PCS property, including facilities and vehicles, either leased or owned. In addition, all PCS-sponsored field trips, events and activities outside the PCS property shall be tobacco free.

### **Purpose**

The purpose of the Tobacco-Free Schools Policy as it relates to PCS programs and activities on or off school property are to:

1. Provide a healthful and safe environment in which to learn and work.
2. Discourage and prevent tobacco use among school-age youth.
3. Further enhance health education curricula for students.
4. Promote student discipline and respect for school authority by the equal application and enforcement of policy among students, staff, and the public.
5. Comply with laws directed at providing students and the public with a safe and healthful environment.

I have read the above policies and procedures and agree to abide by these guidelines and all Pivot policies and practices.

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Volunteer Driver/Chaperone Signature

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Date