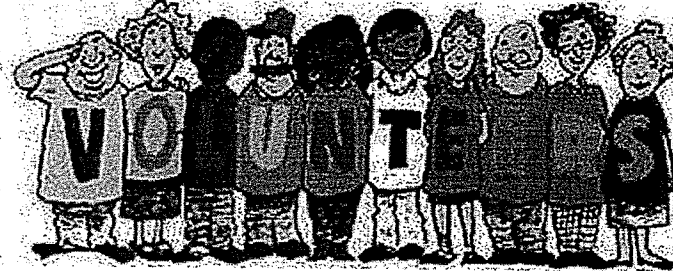


Konocti Unified School District

VOLUNTEER SERVICES



Steps to becoming a volunteer for: *Konocti Unified School District*

1. Pick-up a volunteer packet from your school secretary.
2. A volunteer working more than once a week must undergo a fingerprint check through the California Department of Justice pursuant to Education Code 45125.

Make an appointment to be fingerprinted at the Lake County Office of Education at **707.262.4127**.

(See attached Live Scan Applicant Process for more detail)

3. A current TB test is required. TB testing can be done at the Health Department, by appointment: 800.794.9291.
4. Return the completed packet, including your TB results, and a copy of your Live Scan submission to your school secretary. Once the principal has signed the packet, they will submit it to the District Office for processing.
5. Principal or designee will call volunteer applicant regarding specifics for beginning.

Thank you for showing interest in our youth!

Revised: 7/8/15

VOLUNTEER ASSISTANCE

VOLUNTEER CHECKLIST

The following must be completed for each volunteer working in the schools:

- _____ 1. Volunteer Checklist
- _____ 2. Volunteer information form
- _____ 3. Criminal record statement and consent to criminal record check
- _____ 4. TB clearance
- _____ 5. Written list of job duties and description of how volunteer will be supervised. It will state that the volunteer will not be supervising children, dressing or changing children, or providing personal hygiene.
- _____ 6. Confidentiality form
- _____ 7. Documentation of hours actually worked
- _____ 8. Volunteers working more than 1 day a week in the district shall have an automated criminal records check by the Lake County Sheriff's Department pursuant to Education Code 45125.5 or a fingerprint check through the California Department of Justice pursuant to Education Code 45125.

Completed on: _____

Completed By: _____

Signature

VOLUNTEER ASSISTANCE

Volunteer Information Form

The school relies upon volunteers to provide comprehensive services to children. While most of the volunteers are parents/guardians of enrolled children, community volunteers are also encouraged and do support these volunteering efforts. Safety and liability considerations require that we obtain certain information. Volunteers who do not have a fingerprint clearance cannot be left unsupervised with children under any circumstances.

Name: _____
School: _____ Date: _____
Address: _____ City: _____ Zip: _____
Telephone: _____ Emergency Telephone: _____
Driver's License # _____ Social Security# _____
Areas of interest or expertise: _____

Times available: _____

References:
Name: _____
Name: _____
Name: _____

I, _____, hereby declare that I am free from communicable disease.

Dated: _____
_____ Signature

TB clearance on file at school:

Checked by: _____ Date: _____

Cleared to work at school: YES
NO

Principal

VOLUNTEER ASSISTANCE

**CRIMINAL RECORDS STATEMENT AND
CONSENT TO CRIMINAL RECORD CHECK**

Although the vast majority of volunteers are law abiding citizens, our concern for the safety of the children requires us to obtain criminal record information.

Have you ever been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$100 or less.)

YES

NO

If yes, list the crimes that you have been convicted of by date, Penal Code number, and indicate the nature and circumstances of the crimes, and the place where the crime was committed. Attach additional sheets if needed.

Date: _____ Penal Code Section: _____

Nature, circumstances and place committed: _____

Date: _____ Penal Code Section: _____

Nature, circumstances and place committed: _____

Date: _____ Penal Code Section: _____

Nature, circumstances and place committed: _____

Date: _____ Penal Code Section: _____

I declare under penalty of perjury that the above information is correct, true, and complete, and I consent to a criminal record check by the school district, the California Department of Justice, the Lake Count Sheriff's Department and local law enforcement agencies.

Executed at _____, California, on _____

Signature

VOLUNTEER ASSISTANCE

CONFIDENTIALITY STATEMENT

I understand that information and records concerning students and employees are confidential.

I agree not to disclose any confidential information to the community, or members of the public.

Confidential information may only be shared with other employees upon a need-to-know basis.

Information from confidential records will only be released to persons outside the school district by a teacher, administrator, or secretary authorized to do so.

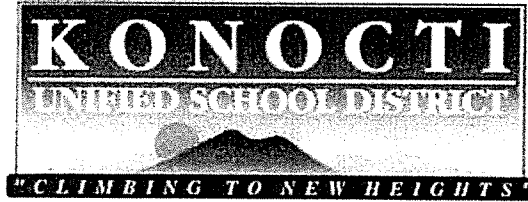
I have read the above statement and agree to abide by it.

Dated: _____

Signature

BOARD OF TRUSTEES

Anita Gordon
Herb Gura
Bill Diener
Sue Burton
Mary Silva



9430-B Lake St. * P.O. Box 759
Lower Lake, California 95457-0759
(707) 994-6475 * Fax (707) 994-0210
www.konoctiusd.org

DISTRICT ADMINISTRATION

Donna Becnel
Superintendent
Laurie Desimone,
Chief Business Officer

LIVESCAN APPLICANT PROCESS

Some of the important things to remember when appearing for fingerprints are:

1. Make an appointment at the Lake County Office of Education (LCOE). Please call 262-4127. Please be prompt. If you are more than 15 minutes late, your appointment will be forfeited and you will need to reschedule. Appointments are made Monday through Thursday. Walk-in applicants are NOT accepted and must wait for an available opening. If you need to cancel, please give LCOE a call at least 24 hours prior to your appointment so that they may reschedule another applicant.

2. FEES: Applicants are responsible for all fees which are:

- \$25.00 Rolling Fee for each fingerprint submission.
- \$32.00 Department of Justice Fee (DOJ)
- \$17.00 FBI fee
\$74.00

All fees are due at the time of service.

Acceptable forms of payment:

1. *Cash (exact change only)*
2. *Traveler's Checks*
3. *Cashiers checks or money orders – Payable to Lake County Office of Education*

Sorry – No personal checks are accepted.

3. **Bring your paperwork:** The Konocti Unified School District will supply you with the "Request for Live Scan Service – Applicant Submission" form. Please make sure to complete entire applicant section of the form before your appointment.

4. Bring Valid photographic I.D. - MUST be presented at time of service. Acceptable forms of ID are:

1. *Driver's License*
2. *Military I.D.*
3. *California Identification Card*
4. *Passport*

5. **Fingernails:** Extremely long or curved fingernails may prevent the fingers from properly contacting the printing platen and may need trimming.

Bandaged or injured fingers: Applicant may need to reschedule their appointment until the injured or bandaged finger can be fingerprinted.

6. **Location:** 1152 S. Main Street, Lakeport. Take the Lakeport Blvd. /Todd Road exit off Highway 29. Head east (toward the lake), at the stop sign (you are looking directly at the Lake County Office of Education ahead) you turn left, and take an immediate right on K street, then right into the parking lot.

All prints are taken electronically and transmitted ONLY – NO hard copy is supplied.



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A9682 Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: Volunteer

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Konocti Unified School District
Agency Authorized to Receive Criminal Record Information

03413
Mail Code (five-digit code assigned by DOJ)

PO BOX 759
Street Address or P.O. Box

Patricia St. Cyr
Contact Name (mandatory for all school submissions)

Lower Lake CA 95457
City State ZIP Code

(707) 994-6475
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 _____
(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 _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____ Amount Collected/Billed _____