



**San Diego Unified School District**  
**REQUEST TO CONDUCT**  
**VOLUNTEER SCREENING**  
(Please check the appropriate request)

This form **MUST** be  
signed by the School  
Principal.

- ☐ **CATEGORY C – CRIMINAL BACKGROUND CHECK**  
☐ **RETURNING CATEGORY D VOLUNTEER - CRIMINAL BACKGROUND CHECK**  
☐ **CATEGORY D VOLUNTEER - FINGERPRINT**

Date: \_\_\_\_\_ Requesting School: \_\_\_\_\_ Loc Number: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_  
First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

List any other names used in the past: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State issued: \_\_\_\_\_

Other Gov. Issued ID type (if no driver's license): \_\_\_\_\_ ID # \_\_\_\_\_

(Please note: By recommendation from the Department of Justice, Mexico Identification and voter registration cards may not be used to conduct background checks or fingerprinting. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.)

Please indicate whether you are a new or returning volunteer: ☐ New ☐ Returning

Are you a volunteer at another SDUSD school? ☐ YES ☐ NO

If yes, please list the school(s): \_\_\_\_\_

Parents: please list the name(s) of your student(s): \_\_\_\_\_

Please check volunteer activity: ☐ On-site tutor outside of classroom (Cat C) ☐ Overnight field trip chaperone (CatD)  
☐ Walk-on coach/Athletic Support (Cat D) ☐ Other \_\_\_\_\_

Are you being compensated for your services? ☐ YES ☐ NO

Principal acknowledges hiring of individual above at their site.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For SDUSD School Police Services office use only:**

☐ Ok to volunteer ☐ Deny as volunteer

By: \_\_\_\_\_ Date: \_\_\_\_\_  
SDUSD School Police Services

**School volunteer coordinators: Please check that form is complete. Incomplete forms will be returned to the school.**

**CATEGORY C VOLUNTEER BACKGROUND REQUEST:**

Send completed form to:

SDUSD Human Resource Services Division  
Eugene Brucker Education Center, Room 1241; or fax to: (619) 686-6650

**CATEGORY D VOLUNTEER FINGERPRINT REQUEST:**

**Instructions for Category D Volunteer:**

Livescan/Fingerprinting hours of operation are 9:00am to 3:30pm Monday through Friday in Human Resources. **There is no charge to the volunteer for the fingerprinting.**

Please bring this completed form and a current government-issued picture ID (driver's license, passport, military ID) to:

SDUSD Human Resource Services Division  
4100 Normal Street, Room 1241  
San Diego, CA 92103

Results will **normally** be returned to the school site volunteer coordinator within **2 weeks** of the date of fingerprinting. Please Note: poor quality fingerprints or the need to research information on an applicant's background may result in a delay of results from the Department of Justice.



San Diego Unified  
SCHOOL DISTRICT

### **VOLUNTEER CODE OF CONDUCT**

(This document defines the district's expectations for all school 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 main office or the designated sign-in station.
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 not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required 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 Administrative Procedure # 4586 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 of 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 only to 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 \_\_\_\_\_



## Adult Tuberculosis (TB) Risk Assessment Questionnaire

*Must be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)*

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

History of positive TB test or TB disease ☐ Yes ☐ No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire,

If there is a "Yes" response to any of the questions #1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, nightsweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB,	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Close contact with someone with infectious TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Foreign-born person (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Traveler to high TB-prevalence country for more than 1 month (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## Adult Tuberculosis (TB) Risk Assessment Questionnaire

### Certificate of Completion

*(Must be signed by the health care provider completing the risk assessment and/or examination)*

*The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified has been examined and determined to be free of infectious tuberculosis.*

Health Care Provider Signature

Date

Health Care Provider Name

Physician License Number

Office Address: Street

City

State

Zip Code

Telephone

Fax