



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Establishing and Administering School/Office Volunteer Programs

NUMBER: BUL-5678.1

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DATE: October 1, 2012

ROUTING

- ESC Instructional Area Superintendents
- ESC Administrator of Operations
- ESC PACE Administrators
- ESC Parent Coaches
- Principals
- Assistant Principals
- School Instructional Staff Coordinators
- Offices
- Parent Centers

POLICY: This policy establishes procedures for schools/offices to ensure that all volunteers meet the necessary/appropriate requirements in order to carry out their volunteer duties. This bulletin replaces BUL-5678.0, [Establishing and Administering School Volunteer Programs](#), dated January 12, 2012, from the Parent Community Services Branch.

MAJOR CHANGES: The content has been updated to reflect changes that include:

- Clarification regarding the District's requirements for fingerprinting of volunteer applicants
- Exemption of district employees from Tuberculosis (TB) and background (fingerprinting) clearance
- Updated contact information for the Parent Community Services Branch and Nursing Services
- Inclusion of required tuberculosis clearance timeframe (all tuberculosis clearances must be conducted no more than six months prior to the start of volunteer service)
- Clarification on individuals required to apply for the volunteer program



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GUIDELINES: SECTION I: PURPOSE OF THE LAUSD SCHOOL VOLUNTEER PROGRAM

The purpose of the LAUSD School Volunteer Program is to enhance student achievement by engaging and leveraging the rich talents and expertise of our local school communities.

School volunteers:

- Reinforce classroom learning by assisting teachers in classrooms with non-instructional tasks
- Support school personnel in the effective operation of schools
- Promote positive partnerships between the home, schools and the community
- Serve as positive role models for students by helping students develop a more positive attitude about themselves, schools and communities.

SECTION II: VOLUNTEER ONLINE APPLICATION

- Individuals are not allowed to begin a volunteer school assignment until the following steps are completed:
 - The school has verified that the individual has met all health and safety requirements outlined in Section III.
 - The school principal/administrator has signed all volunteer application documents.
 - The school has submitted a certified online volunteer application.
 - The Parent Community Services Branch (PCSB) has received the certified online application and has issued a volunteer ID badge and welcome letter to the school for distribution to the volunteer applicant.
- Schools must submit a certified online volunteer application for all individuals desiring to participate in the school's volunteer program.
 - A hard copy, signed by the Principal/Administrator must be kept on file at the school for five (5) years (See Attachment A).



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- The LAUSD online volunteer application can be accessed at <https://volunteapp.lausd.net/> by an authorized single sign-on user.
- Online school volunteer applications must be completed by the school principal or the following designees:
 - Assistant Principals
 - Title I Coordinators
 - Categorical Programs Advisors
 - School Administrative Assistants
 - Parent Resource Liaisons
 - Community Representatives
- Volunteers serving at more than one LAUSD school must have a completed certified application for each school/office on file at PCSB.
- Certified school volunteers are covered by the District's Worker's Compensation Insurance if injured during the course of a volunteer assignment.
- School volunteers, like all campus guests, are required to sign-in at the school office upon entering the school premises and sign-out when they exit the campus.

EXCEPTIONS—Schools are NOT required to submit a volunteer application but must still check the Megan's Law website for the following individuals:

- Parents observing their child's classroom and who remain under the direct supervision of a teacher at all times (see Bulletin 1325.1 for the District's policy regarding classroom observation).
- Continuing volunteers serving at the same school within a four-year period
- Individuals participating in one-time activities where there is limited contact with students or staff and supervision is provided by a certificated District employee. Examples include:
 - Chaperoning proms or one-day field trips (under 16 hours in duration)
 - Providing clerical functions that do not involve access to confidential documents or information
 - Guest speaking engagements
 - Job-shadowing events



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SECTION III: Health and Safety Requirements

Tuberculosis Clearance

Tuberculosis (TB) clearance must be presented to school personnel prior to the school's submission of the individual's school online volunteer application. All TB clearances must be within six (6) months prior to the individual starting volunteer service. TB clearances that are older than six months from time the volunteer application is submitted will not be accepted.

- The TB clearance must be kept on file at the school along with a hard copy of their signed online application.
- A volunteer applicant may provide TB clearance using their personal doctor's form or may use Attachment B.
- The initial TB examination must consist of a Mantoux Skin Test (not a chest X-ray, unless required due to medical circumstances).
- Volunteers with documented positive skin tests must subsequently show proof of a negative chest X-ray.
- Volunteers with positive skin tests and normal chest X-rays must furnish written proof from a health provider every four (4) years showing he/she is free from active tuberculosis.
- Continuing volunteers with negative skin tests must repeat the Mantoux skin test every four (4) years
- Volunteers that are unable to take the Mantoux skin test or receive a chest X-ray due to medical circumstances must provide a signed statement (dated within six months prior to beginning a volunteer assignment) from a licensed physician stating that the individual is not carrying the TB virus and is not at risk of spreading TB to the greater population. Signed statements must be:
 - Re-certified at the beginning of each school year
 - Kept on school file for five (5) years
- Individuals can utilize their own healthcare provider or use free/low cost community clinics to obtain a TB screening.
- LAUSD employees desiring to participate in a school volunteer program must complete an application but are not required to submit a TB or



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background clearance (fingerprinting).

- For additional questions regarding TB requirements for LAUSD volunteer applicants, contact the LAUSD Nursing Services at (213) 202-7580

Sex Offender Statement and Megan's Law

In accordance with District policy, the school principal or an acceptable designee (see Section II Bullet 3) must check **all volunteer applicants** against the California Megan's Law online database for sex offender clearance at <http://www.meganslaw.ca.gov/>.

Any volunteer applicant whose name appears on Megan's Law list and is required to register as a sex offender is prohibited from serving as a school volunteer in any capacity, including individuals participating on one-time activities as noted in Section II, above.

Fingerprinting (Background Clearance)

LAUSD adheres to State statutes pertaining to supervised volunteerism in public schools. Fingerprinting by the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) is required for the following persons prior to the school's submission of the individual's online application:

- Persons volunteering in any school for more than 16 hours per week, regardless of supervision by certificated or classified staff members.
- Volunteer coaches, regardless of the number of hours served
- Persons volunteering for less than 16 hours per week under general supervision* and whose duties require **more than limited contact with students (as determined by the school principal)**. For example,
 - Playground assistants
 - Mentors
 - Tutors

Examples of persons volunteering for less than 16 hours per week under general supervision whose duties require **very limited contact with students (thereby, exempting such individuals from the fingerprinting requirement)** include:



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- Parent Center assistants
- Parking valets volunteers

*General supervision is defined as supervision from an LAUSD employee who is not a certificated member of the staff.

- Fingerprinting must be conducted through LAUSD. Schools with volunteer applicants requiring fingerprinting must contact Employee Relations at (213) 241-6591.

NOTE: Presently, the fingerprinting fee is \$56.00. LAUSD or the school does not pay for this cost. If available, funds provided by the Parent Teacher Association (PTA), Parent Teacher Student Organizations (PTSO), Booster clubs and/or other donated funding may be used. Only money orders or cashier's checks made out to LAUSD are an acceptable form of payment.

EXCEPTIONS—The following individuals are NOT required to be fingerprinted:

- Parents observing their child's classroom and who remain under the direct supervision of a teacher (see Section II and See bulletin 1325.1). Such individuals also need not complete a volunteer application.
 - The principal must ensure the ongoing supervision of parents observing their child's classroom by a certificated staff member.
 - Arrangements must be made for alternate supervision whenever the primary supervisor leaves the classroom or outside area.
 - Direct supervision is defined as an individual under continuous contact, meaning within the same room or in an outside area within the same proximity as found in a classroom, with a certificated District employee.
- LAUSD employees desiring to participate in a school volunteer program. Such individuals also need not provide TB clearance. However, LAUSD employees must complete a volunteer application and be checked against Megan's Law List.

SECTION IV: SCHOOL VOLUNTEER APPLICATION CHECKLIST

Please use the following checklist to ensure that each volunteer applicant meets all District requirements to participate in the LAUSD school volunteer program and to ensure successful central processing.



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- A filed hard copy of the volunteer application with the individual's and principal's signature
 - A parent signature is also required if the individual is an LAUSD student
- Megan's Law list check
- Current TB Clearance
- Fingerprinting clearance, if applicable
- Online application submitted by school principal or permitted designee (see Section II)

AUTHORITY: This is a policy of the Los Angeles Unified School District.

RELATED RESOURCES: BUL-3872.0, [Fingerprinting and Criminal Background Compliance for Contractors](#), dated August 7, 2007
BUL-1325.1, *Visitors to School Campuses and Locked Campuses During School Hours*, dated December 7, 2009
BUL- 3422.0, *Sex Offender Notification*, dated February 21, 2007.
Education Code sections 35160 and 49406 (f)
Education Code §§35021.1 and 35021.3
Education Code §45349
Penal Code §290 et seq. – *Sex Offender Registration Act*
Penal Code §290.95
Procedures for Registering School Volunteers (Easy Reference Sheet)

ASSISTANCE: For further information, contact the Parent Community Services Branch at 213-481-3350 or at pcsb@lausd.net



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Attachment A

Los Angeles Unified School District
School Volunteer Application

Check One: [] Parent at Child's School [] Student LAUSD K-12 [] Community other Adults
[] Staff LAUSD Employee [] Intern [] Mentor
School Year _____ [] New Volunteer Volunteers Previous School _____
Employee Number if LAUSD Employee _____
Organization/Partnership _____ Number of Hours per Week _____
Volunteer Assigned to _____ Educational Service Center (ESC) _____
Date of Skin Test _____ Date of X-ray / Doctor's Clearance _____
Date California Megan's Law Database _____ Fingerprint Needed: [] Yes [] No
Volunteer Assignment _____ Student Name (if applicable) _____
Volunteer Coordinator Employee # _____ Classroom Number _____
Volunteer Coordinator: First Name _____ Last Name _____
Title [] Mrs. [] Ms. [] Mr.
First Name _____ Last Name _____
Address _____ City _____
State _____ Zip _____
Telephone #: Home _____ Cell _____ Work/Business _____
Birth Date _____ Email _____
In case of an emergency, please call:
Contact Name 1 _____ Contact 1 Phone _____
Contact Name 2 _____ Contact 2 Phone _____
How were you Recruited: [] Newspaper [] Radio [] School [] Flyer [] TV [] Internet [] Other _____
Education _____ Language Spoken _____
Degree Achieved _____ Language Spoken 2 _____
Work Experience _____
Employed? If so where _____ Occupation _____
Volunteer Experiences _____
I can serve [] Mornings [] Afternoon [] Evenings
Days of week I can serve [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday
Maximum # of hours I can serve _____
Grade Level: [] Pre-School & K [] Elementary (Primary) 1-3 [] Elementary (Upper) 4-6 [] Middle [] High
Special Programs: [] After School [] SRLDP [] Other _____
I would like to volunteer in the following areas: [] Reading [] English [] Social Studies [] Foreign Language
[] Art [] Library [] Other _____
Have you ever been convicted of a felony or a crime involving children? [] Yes [] No
Date Submitted _____
Created Date _____ Created by _____
Update Date _____ Update by _____
Volunteer's Signature _____ Date _____
Principal's Signature _____ Date _____
Parent Signature (LAUSD K-12 Student Only) _____



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Adjunto A1

Distrito Escolar Unificado de Los Angeles
Solicitud para Voluntarios Escolares

Marque Uno: Padre de familia en la escuela del estudiante Estudiante de LAUSD K-12 Comunidad/Otro adulto
 Empleado de LAUSD Pasante Mentor

Año escolar _____ Voluntario nuevo Escuela donde ha sido voluntario _____
 Numero de empleado si trabaja para el LAUSD _____
 Organización/Asociación _____ Cantidad de horas por semana _____
 Voluntario asignado a _____ Centro de Servicios Educativos _____
 Fecha de la prueba cutánea de TB _____ Fecha de radiografía/Autorización medica _____
 Fecha de verificación en la base de datos de la Ley Megan de California _____ Necesita huellas dactilares: Si No
 Asignación del Voluntario _____ Número del salón de clase _____
 Número de empleo del coordinador del voluntario _____ Nombre del estudiante _____
 Coordinador del voluntario: Nombre _____ Apellido _____
 Título Sra. Srita. Sr.
 Nombre _____ Apellido _____
 Domicilio _____ Ciudad _____
 Estado _____ Código Postal _____
 Número telefónico: Casa _____ Celular _____ Trabajo/Negocio _____
 Fecha de Nacimiento _____ Correo electrónico _____
 En caso de emergencia, comuníquese con:
 Contacto 1 – Nombre _____ Contacto 1 – Número Telefónico _____
 Contacto 2 – Nombre _____ Contacto 2 - Número Telefónico _____
 ¿Cómo se le reclutó? Periódico Radio Escuela Volante TV Internet Otro _____
 Educación _____ Idioma primario _____
 Título _____ Segundo idioma _____
 Experiencia laboral _____
 ¿Empleado? Dónde _____ Ocupación _____
 Experiencias como voluntario _____
 Puedo servir mañanas tardes noches
 Días de la semana que puedo servir lunes martes miércoles jueves viernes
 Máximo número de horas que pudo servir _____
 Nivel Escolar: Pre-escolar & K Primaria Grados 1-3 Primaria Grados 4-6 Intermedia Preparatoria
 Programas Especiales: Después de clases SRLDP Otro _____
 Quisiera ser voluntario en las siguientes áreas: Lectura Inglés Estudios Sociales Idioma extranjero
 Arte Biblioteca Otro _____
 Fecha de entrega _____
 Fecha de elaboración _____ Creado por _____
 Fecha de actualización _____ Actualizado por _____
 Firma del Voluntario _____ Fecha _____
 Firma del Director _____ Fecha _____
 Firma del Padre (*Solo para estudiantes K-12 de LAUSD*) _____



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Attachment B

Los Angeles Unified School District
TUBERCULOSIS PHYSICIAN/CLINIC FORM

Dear Volunteer:

All volunteers must be free of active tuberculosis (TB) before they start volunteering. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. This must be done within six months prior to service. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived by the agency. If denied a waiver, you are still responsible for any costs incurred.

Principal Signature

Date

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name _____ Date of Birth _____

School _____

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

_____ MANTOUX Skin Test (5 TU PPD)

_____ CHEST X-RAY (Acceptable only if MANTOUX positive)

Date Given _____ Date Read _____ Date of X-Ray _____

Given by _____ Result (mm) _____

X-Ray Impression _____

_____ History of positive MANTOUX

Signature of Physician/RN

Date report signed

Print Name of Physician/RN

Degree

State License Number

Business Address _____
Street City Zip Code

Telephone: _____



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Adjunto B1

Distrito Escolar Unificado de Los Angeles
FORMULARIO MEDICO/CLINICO DE LA PRUEBA DE TUBERCULOSIS

Estimado Voluntario:

Ningún voluntario puede tener tuberculosis (TB) activa al inicio de su trabajo. La prueba epidérmica de tuberculosis (Mantoux) es obligatoria, según el Código de Salud y Seguridad de California §121545, la prueba TB para voluntarios de escuelas. Esto se tiene que hacer dentro de los seis meses previos al servicio. No se aceptan exámenes de punción múltiples. Si la prueba Mantoux resulta positiva, se exigirán radiografías del pecho. No se aceptan radiografías tomadas antes del resultado positivo de la prueba Mantoux.

Por favor lleve este formulario a un médico particular, a una clínica o a una entidad de salud pública. Usted puede solicitar a la entidad prestadora de servicios médicos exención de la tarifa. Si se le niega la exención, usted tendrá que cubrir el costo.

Firma del Director

Fecha

PARA USO DEL MEDICO/CLINICA SOLAMENTE:

Nombre del Paciente _____

Fecha del Nacimiento _____

Escuela _____

NO HAY EVIDENCIA DE TUBERCULOSIS ACTIVA SEGÚN EL RESULTADO DE:

_____ Prueba epidérmica MANTOUX (5 TU PPD)

_____ Radiografía del Pecho (Solo se acepta si la Prueba MANTOUX resultó positiva)

Fecha de: Administración _____

Lectura _____

Radiografía _____

Administrado por _____

Resultado (mm) _____

Impresión de Rayos X _____

_____ Resultado positivo de la Prueba MANTOUX

Firma del Médico/Enfermera

Fecha en que se firmó el reporte

Nombre del Médico/Enfermera

Título

Número de Licencia Estatal

Domicilio de la Clínica/Agencia _____

Calle

Ciudad

Código Postal

Número Telefónico _____