

Community Relations

E(1) 1240(a)

VOLUNTEER ASSISTANCE

TORRANCE UNIFIED SCHOOL DISTRICT

APPLICATION/AGREEMENT FOR VOLUNTEER SERVICES

Sign in TWO  
places  
on page 2

THIS AGREEMENT is hereby entered into by the Torrance Unified School District, hereinafter referred to as DISTRICT, and:

\_\_\_\_\_  
(Please Print) Volunteer's Last Name, First Name

\_\_\_\_\_  
Student's Name & Grade

\_\_\_\_\_  
Mailing Address City Zip Code

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

hereinafter referred to as VOLUNTEER.

VOLUNTEER EMERGENCY CONTACT INFORMATION:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Relationship to Volunteer

VOLUNTEER agrees to provide to DISTRICT the services enumerated in Section D of this Agreement under the following terms and conditions:

A. Services shall begin at \_\_\_\_\_ on \_\_\_\_\_  
(school) (date)  
and shall be completed on or before \_\_\_\_\_  
(date)

B. VOLUNTEER understands and agrees that, while performing in a volunteer capacity, he/she is not an employee of the DISTRICT and not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, State Unemployment Compensation or Workers' Compensation.

C. VOLUNTEER agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of VOLUNTEER'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by VOLUNTEER, and/or the VOLUNTEER'S younger dependents not yet enrolled in school.

D. Services to be rendered to the DISTRICT by the VOLUNTEER are as follows:

\_\_\_\_\_  
\_\_\_\_\_

E. VOLUNTEER agrees to provide proof of negative tuberculosis test or risk assessment prior to service.

F. VOLUNTEER agrees to comply with all Federal, State, Municipal and District laws, rules and regulations, in addition to the Volunteer Code of Conduct (attached), that are now, or may in the future become applicable to VOLUNTEER, **including compliance with Education Code 35021 - Requirements for Voluntary Service in Schools.**

(Continued on other side)

**VOLUNTEER ASSISTANCE (continued)****Agreement for Volunteer Services**

I understand that, in connection with my application as a volunteer, the District will obtain information bearing upon my volunteer services, including Megan's Law information, public record information, without using a consumer reporting agency to obtain it. "Public record" includes records documenting a conviction, civil judicial action, tax lien or outstanding judgment against me.

**FOR OFFICE USE ONLY**

Megan's Law information cleared by: \_\_\_\_\_ / \_\_\_\_\_  
Initial Here Date

**Disclosure:** All applicants must answer the following two questions. Failure to answer honestly will disqualify the applicant from service as a volunteer.

1. Have you ever been convicted of any sex offense or any felony?  
☐ YES ☐ NO
2. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order:  
☐ YES ☐ NO

If yes, describe each in full. Also indicate date(s) of crime(s) and in which city, county, and state each took place. (Attach a separate sheet if needed.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE READ THE VOLUNTEER CODE OF CONDUCT, THE ABOVE DISCLOSURE STATEMENT, AND THE WAIVER, AGREEMENT FOR VOLUNTEER SERVICES, INCLUDING THE ASSUMPTION OF RISK AND WAIVER OF CLAIMS AND THE VOLUNTEER/VISITOR GUIDELINES AND PROCEDURES. I SIGN THIS AGREEMENT AND AGREE TO ALL THE TERMS AND CONDITIONS. FURTHERMORE, I AGREE TO INFORM THE SCHOOL PRINCIPAL IN A TIMELY MANNER IF ANYTHING ON THIS AGREEMENT OR ITS ATTACHMENTS CHANGES. I HAVE RECEIVED A COPY OF THIS AGREEMENT AND THE VOLUNTEER CODE OF CONDUCT.

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

Print Name: \_\_\_\_\_  
\_\_\_\_\_

G. This agreement may be terminated by either party notifying the other, in writing, at any time.

THIS AGREEMENT IS ENTERED INTO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

FOR THE DISTRICT:

VOLUNTEER:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Volunteer's Signature

**PLEASE ATTACH A PHOTOCOPY OF APPLICANT'S PHOTO IDENTIFICATION TO THIS APPLICATION/AGREEMENT.**

Copies to: School and Volunteer

**VOLUNTEER ASSISTANCE (continued)**

**TORRANCE UNIFIED SCHOOL DISTRICT**

**VOLUNTEER CODE OF CONDUCT**

**As a Torrance Unified School District volunteer, I agree to abide by the following Volunteer Code of Conduct:**

1. Immediately upon arrival, I will sign in at the school's main office or the designated sign-in station.
2. I will wear a name identification badge whenever required by the school or district to do so.
3. I will follow the general directions of the teachers and administrative personnel.
4. I will use only adult bathroom facilities.
5. I agree to never be alone with individual students who are not under the direct supervision of teachers or school authorities.
6. I will not contact students outside of school hours without permission from the students' parents.
7. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory or personal 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.
8. 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, discipline matters, and/or safety.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree not to transport students without the written permission of parents or guardians and expressed permission of the school principal and District. I will abide by District Administrative Procedure, including Board Policy and Administrative Rule 6153, when transporting students.

**VOLUNTEER ASSISTANCE (continued)**

11. I will not operate my cellular telephone within the confines of the classroom, while transporting students, or within any other educational setting while acting in the capacity of a volunteer or while supervising children engaged in a school sponsored activity or event.
12. I agree not to post, transmit, publicize, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit, or that could be constructed as any form of harassment.
13. I agree to abide by Board Policies 4010 and 4020 concerning the use alcohol, tobacco, and/or other drugs or mind altering substance while working in the school setting or on field trips.
14. I agree to notify the school principal immediately if I am arrested for any misdemeanor or felony charge.
15. I understand that my duties as a volunteer require my full attention and I agree not to have children under my care or supervision, unless approved by the principal in advance, that are not currently enrolled at the school site.
16. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
17. I agree to treat all school personnel and students with dignity and respect.
18. I agree to abide by all District procedures including Board Policy and Administrative
19. Rule 1240 regarding volunteer clearance and assistance.

**I UNDERSTAND THAT FAILURE TO ABIDE BY THIS VOLUNTEER CODE OF CONDUCT MAY RESULT IN FORFEITURE OF ALL VOLUNTEERING PRIVILEGES AND TERMINATION OF THE AGREEMENT FOR VOLUNTEER SERVICES.**

Exhibit

approved: April 16, 2007

revised: July 26, 2010; October 20, 2014; January 20, 2015

**TORRANCE UNIFIED SCHOOL DISTRICT**

Torrance, California

## Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)  
To be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)

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

Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)

3/13/2014

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## ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

### CERTIFICATE OF COMPLETION

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

*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

Title

Office Address: Street

City

State

Zip Code

Telephone

Fax