



# HEIGHTS CHRISTIAN SCHOOLS

Dear HCS Families,

At Heights Christian Schools, volunteers are highly valued. Volunteers are an important part of our ministry; we want and need your assistance! We often ask for volunteers to assist in the classrooms, on field trips, to serve as chaperones for overnight excursions, and more. Without volunteers, we could not do all of the things that we believe add to the overall educational experience of our students. Having said that, student safety is a top priority for us, and we are constantly pursuing best practices in student protection.

Beginning in January 2015, volunteers have been asked to complete an application packet in order to be certified to become a Heights Christian Schools volunteer. Completing the volunteer application process at your child's school, a place that already feels like home, has the potential to be frustrating. Please be assured that we will do everything that we can to soften the process of background checks and paperwork, but we are committed to our Volunteer Certification process as a school for the reasons mentioned above. The paperwork included in the Volunteer Packet has been reviewed and merged with individual forms used for specific events in the past. This is a one-time application process. Once you complete this certification process, you will be approved for the rest of your time at HCS, as long as your child/children remain continuously enrolled in our schools. Clearance checks will be automatically performed annually with no additional paperwork to be completed by you.

If you have already completed your volunteer certification, we are grateful. If you have yet to complete the process, it is easy to get started. Simply complete the Volunteer Application, along with the Volunteer Code of Conduct and the Confidential Background Check and return them to the school office. Also required for all volunteers, as per the newly signed into law AB 1667, is a current TB Risk Assessment. (*Information regarding the TB requirement is included in the Volunteer Packet.*) The turnaround time for processing volunteer applications is about two weeks, so please plan ahead to ensure that you can be involved in both on and off campus activities throughout the school year. *If you are transporting students, you will also need to complete the Driver Verification form.*

Once again, thank you for your willingness to serve as a volunteer at Heights Christian Schools. If you have any questions, or need assistance with this process, please inquire in the school office.

In His Service,

A handwritten signature in black ink that reads 'Kelly Beckert'.

Kelly Beckert, Superintendent of Schools  
Heights Christian Schools



# HEIGHTS CHRISTIAN SCHOOLS

## Volunteer Packet Overview

**Volunteer Policy:** All volunteers must have a completed application packet on file. Unfortunately, no exceptions will be made to this policy. Because we do not want anyone to miss an opportunity of participating in a school-sponsored trip or activity, please plan ahead. Generally, there is a two-week turn around to process application packets.

**Volunteer Packet:** The Volunteer Packet includes a letter from our Superintendent, the Volunteer Application, the Confidential Background Check form, the Volunteer Code of Conduct form, and the Volunteer Packet Overview page.

**Application Processing:** Please return the completed application packet to the School Office for processing. Volunteers will be notified when the application has been processed and the applicant is eligible to volunteer. Once approved, volunteers will be issued a volunteer badge.

**Volunteer Opportunities include:**

- Assisting the teacher in the classroom
- Assisting in the Library or Computer Lab
- Assisting with special events on campus
- Field trip chaperone
- Overnight chaperone for special class trips
- Clerical work on campus
- Helping with fundraisers on campus
- Transporting students for athletic and/or ACSI events\*\*
- Helping with afterschool sports/student activities

**\*\* Transporting Students** – Those interested in transporting students for athletic and/or other off-site school events must also complete the Driver Verification Form. An updated form is required for each new school year.

### FORMS TO BE RETURNED TO THE SCHOOL OFFICE:

- Completed Volunteer Application
- Signed Volunteer Code of Conduct
- Completed Confidential Background Check
- TB Risk Assessment
- Driver Verification (*if transporting students*)



# HEIGHTS CHRISTIAN SCHOOLS

## Volunteer Application

Please clearly print in ink and fill out completely. Please allow two weeks for processing. You will be notified when the process is complete and you are eligible to volunteer.

**Campus:** Check campus that your child(ren) currently attend.

- |   |   |
|---|---|
| <input type="checkbox"/> HCS-Brea Preschool & Infant Center         | <input type="checkbox"/> HCS-BR                       |
| <input type="checkbox"/> HCS-Chino Hills Preschool                  | <input type="checkbox"/> HCS-CH                       |
| <input type="checkbox"/> HCS-La Mirada Preschool                    | <input type="checkbox"/> HCS-LM                       |
| <input type="checkbox"/> HCS-Whittier Preschool                     | <input type="checkbox"/> HCS-WH                       |
| <input type="checkbox"/> La Habra Heights Preschool & Infant Center | <input type="checkbox"/> HCS-Intermediate/Junior High |
| <input type="checkbox"/> HCS-San Juan Capistrano Preschool          |   |

Student(s) Name: \_\_\_\_\_

Volunteer's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred name for nametag (if different from legal name): \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years at present address: \_\_\_\_\_ If less than two years, please give previous address:

Previous Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**The following questions are part of a process to help provide a safe and secure environment for our students.**

*All information is confidential.*

Have you ever been arrested, and/or convicted of, or pleaded guilty to any crime? **Yes No**

Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing, or molesting any child? *This includes sexual misconduct with a minor.* **Yes No**

If you answered "Yes" to either of the above questions, please explain in detail, including dates and place of incident.

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

**Applicant's Statement:** The information contained in this application is correct to the best of my knowledge. I give Heights Christian Schools (HCS) the right to secure information about me. I hereby release from liability and hold harmless HCS and its representatives from any and all costs, claims, losses, liabilities or damages arising from or in any way related to my service as a volunteer.

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

**Required for all applicants under 18 years of age:**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a letter of reference from either Pastor/School Teacher or Previous Volunteer Supervisor.

**Please return this application to the School Office, along with the Volunteer Code of Conduct, the Confidential Background Check, a TB Risk Assessment, and the Driver Verification, if transporting students.**



# HEIGHTS CHRISTIAN SCHOOLS

## Volunteer Code of Conduct

As a volunteer:

1. I understand that I need to have a HCS school official/staff member to report to or coordinate with on campus when volunteering.
2. I will sign in at the front office during office hours every time I am on campus to volunteer.
3. I do not have free access to the campus during school hours beyond the scope of the work as an HCS volunteer; I will not be issued keys.
4. I will wear a volunteer identification badge as required by the school.
5. I will dress neatly and modestly at all times, as an example to students.
6. I will only use the adult bathroom facilities while on campus.
7. I agree to never be alone with individual students.
8. I agree to follow HCS guidelines for appropriate verbal and physical interactions with students, including students addressing volunteers respectfully by Mr. or Mrs. Avoid sarcasm and harsh kidding or joking with students. Appropriate physical interactions include thumbs-up, handshake, touch or pat on the arm or shoulder, or a side hug. Inappropriate interactions including any grabbing or pulling of clothing or limbs, pinching, flicking, kissing, or allowing students to hang on a volunteer, or allowing a student to sit on the lap of a volunteer should be avoided.
9. I will not use home contact information provided to me by the school for personal business, nor will I provide it to others without administrative approval. I will not provide solicitors with personal information.
10. I will maintain confidentiality outside of school and will share any concerns that I may have with appropriate teachers and school administration only. (What I hear and observe about students, families, and staff while volunteering is completely confidential. For schools to provide the best environment for learning, everyone's privacy must be respected. Any violation of confidentiality can result in loss of my volunteer status.)
11. I agree to perform under the direction and supervision of school personnel/administration. I agree to know and follow school policies and procedures. (The school at its discretion and without a statement of reasons may suspend any volunteer from further volunteer activities.)
12. I agree to adhere to the school driving policies. I will not transport students other than my own family unless I have a current "Driver Verification" form (annual renewal required) on file at HCS.
13. I will not take, use or share photographs of students and/or staff, including on social media, nor will I use or disseminate student/staff personal information.
14. I understand and acknowledge that I am volunteering to support the staff and teachers of HCS. The teacher is responsible for maintaining student discipline and determining my role and duties as a volunteer. While on campus, if I have any concerns regarding another student(s) behavior or specific situation, I am to address them to the attention of the child's teacher or daycare worker on duty. It is not my duty as a volunteer to discipline or intervene directly with other students.
15. Under Penal Code 290.95, I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution and likely imprisonment. By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender, and that I have not had convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me.

**I agree to follow the HCS Code of Conduct at all times in my role as a Heights Christian School volunteer. Any violation of the above terms may result in my losing my volunteer status.**

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



# HEIGHTS CHRISTIAN SCHOOLS

## CONFIDENTIAL BACKGROUND CHECK

FILL IN ALL BLANKS AND PRINT CLEARLY

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School Campus:  IP/JH  BR  CH  LM Trip Location: \_\_\_\_\_

**IMPORTANT:** A background check cannot be completed without all the above information, including a Social Security Number.  
Parents who have not received clearance cannot serve as overnight chaperones.

I understand that in the interest of protecting our students, all volunteers participating in school field trips or other activities are subject to a **Confidential Background Check**.

I understand that the results of the background check will remain confidential and will not be disclosed, distributed, or shared with anyone other than as necessary within the school administration.

I hereby request Heights Christian Schools to search for any information that pertains to any record of conviction, or any criminal file maintained on me whether local, state or national. I hereby release said agency from any and all liability resulting from such disclosure.

I certify by my signature below that I have not been convicted of a felony, and all of the information provided above is true and accurate.

SIGNATURE: \_\_\_\_\_

### OFFICE USE ONLY

SEARCH INITIATED ON: Date: \_\_\_\_\_ By: \_\_\_\_\_

REPLY RECEIVED ON: Date: \_\_\_\_\_  Clear  Not Clear

SCHOOL NOTIFIED ON:  
Date: \_\_\_\_\_ Via: \_\_\_\_\_ By: \_\_\_\_\_



## HEIGHTS CHRISTIAN SCHOOLS Tuberculosis (TB) Risk Assessment

**Assembly Bill 1667** was signed into law on September 15, 2014, effective January 1, 2015. Under the new law, all school volunteers must furnish a certificate, "showing that within the last 60 days the person has submitted to a tuberculosis *risk assessment* and, if tuberculosis risk factors are identified, has been examined and has been found to be free of infectious tuberculosis. If no risk factors are identified, an examination is not required." Following initial assessment, individuals who have no identified tuberculosis risk factors, or who tested negative are required to undergo the risk assessment, and, if risk factors are identified, the examination, at least once in every four successive years. Individuals who have tested positive are no longer subject to the risk assessment.

A TB Skin Test completed within the last 60 days can be provided in lieu of a Risk Assessment certificate. Both the TB Skin Tests and the TB Risk Assessment certificates must be completed and resubmitted every four years.

Individuals with a documented positive TB Skin Test must have an initial chest radiograph (x-ray). After that, screening every four years is still required.

California State Immunization Requirements mandate that all students enrolled in a California school must present evidence of a TB Skin Test. Therefore, additional documentation from student volunteers will not be required.

## 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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue)<br>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<br>(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<br>(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>)

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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 \_\_\_\_\_





# HEIGHTS CHRISTIAN SCHOOLS

## DRIVER VERIFICATION

*This form must be complete and approved prior to transporting students.*

I volunteer to drive my personal vehicle and provide transportation for students to and from various field trips, sporting events, and cheer events. This authorization is valid from the beginning for September \_\_\_\_\_ through June \_\_\_\_\_.

1. Driver Name: \_\_\_\_\_
2. CA Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
3. Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_
4. Vehicle in Safe Operation Condition: \_\_\_\_\_
5. Insurance Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
6. Insurance Company and Agent: \_\_\_\_\_
7. Insurance Policy Limits\*: \_\_\_\_\_

**\*The minimum limits for volunteer drivers is to be no less than \$50,000 per person/\$100,000 per accident or \$100,000 combine single limit. In accordance with California law, the insurance on a specific vehicle is the primary coverage in the event of an accident. The insurance of HCS becomes effective once the policy limits of the specific vehicle are exhausted. Additionally, California law mandates that all parties being transported in a motor vehicle be secured with a shoulder strap, lap strap/belt, or both.**

*You will carry only the number of passengers for which your vehicle was designed. In no case will you drive a vehicle with the capacity to carry more than 10 persons (the driver plus nine passengers). Vehicles that have a capacity to carry more than 10 occupants constitutes a school bus and requires a special license.*

I have read the above statement and fully understand that my person auto insurance is the primary insurer if an accident should occur during the course of the trip.

I have attached a copy of my Driver's License and Insurance Policy.

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

Driver Address: \_\_\_\_\_

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