



Millbrae School District

555 Richmond Drive, Millbrae, CA 94030

650-697-5693 • 650-697-6865 (fax) • www.millbraeschooldistrict.org

VOLUNTEER CLEARANCE AUTHORIZATION

School

Please complete this form, make a copy of your California Driver's License or ID card, provide verification of negative TB results test taken within the last 4 years or a certified TB Risk Assessment Questionnaire (must be completed and signed by a licensed health care practitioner), and submit to your site principal for signature. The cost of fingerprinting for a volunteer is \$67.00, at the expense of the volunteer. Volunteers will be contacted via email by the District Office for further processing instructions and fingerprint scheduling.

****Please note: Fingerprint results can take up to two weeks.****

NAME (LAST, FIRST, MIDDLE)	
ADDRESS	
CITY, STATE, ZIP	
SOCIAL SECURITY NUMBER (NOT REQUIRED, HOWEVER WILL EXPEDITE THE PROCESS)	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	
DRIVER'S LICENSE NUMBER OR PHOTO ID NUMBER (COPY OF LICENSE OR ID IS REQUIRED)	
DATE OF BIRTH (REQUIRED)	
PLACE OF BIRTH (REQUIRED)	

I am referring the above "Volunteer Candidate" for Clearance Authorization.

PRINCIPAL SIGNATURE _____ DATE _____

District Office Use Only:

TB	
Livescan	
Copy of CDL	



Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(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 practitioner, registered nurse)

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____

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 no, continue with questions below.

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. ²	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. Birth in high TB-prevalence country** (*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. Travel 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 residence or work in a 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.

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

² Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013. (<http://www.cdc.gov/tb/publications/LTB/default.htm>)



ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

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

Name: _____ Date: _____

Date of Birth: _____

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature

Please Print Health Care Provider Name

Title

Office Address: Street

City

State

Zip Code

Telephone

Fax



Millbrae School District

555 Richmond Drive, Millbrae, CA 94030

650-697-5693 • 650-697-6865 (fax) • www.millbraeschooldistrict.org

Volunteer Clearance and Fingerprinting Frequently Asked Questions

1. Obtain a Volunteer Clearance Form from your school office or from our website at www.millbraeschooldistrict.org , Forms & Links, Volunteer Clearance Form.
2. Complete the form, have the TB Risk Assessment Questionnaire completed and certified by a licensed health care provider, or provide negative results of a TB test taken within the last 4 years.
3. Submit Volunteer Clearance Form, a copy of your Driver's License, and the completed TB Risk Assessment Questionnaire (or TB results) back to the school office for Principal approval.
4. Upon Principal approval, the form will be forwarded to the District Office for processing, and you will be contacted by a District employee to arrange fingerprinting.

Why do I need to be fingerprinted to volunteer?

The Millbrae School district is committed to keeping student safety a top priority. The Millbrae School District requires that all parents who chaperone or drive for field trips and volunteer in the classroom be fingerprinted. Fingerprinting is the most accurate way to collect information that insures a person is permitted to participate in a school setting.

What is Live Scan fingerprinting and what is it used for?

Live Scan fingerprinting is the process whereby fingerprints are scanned electronically and transmitted via a specialized computer terminal to the California Department of Justice (DOJ) and Federal Bureau of Investigations (FBI). The fingerprints, along with identifying information listed on the Request for Live Scan Service form are searched in the data files for matches that reveal whether there is a criminal history record for that individual, which is used for identification, employment and licensing purposes. It will alert the district of any current illegal behavior.

What is the cost for Live Scan?

The cost for Live Scan services includes a rolling fee (which varies per Live Scan location), plus applicable State and Federal charges. The FBI and DOJ fees are the same across the state; only the rolling fee varies by location.

The Millbrae School District will arrange fingerprinting for you upon receipt of approved Volunteer Clearance Forms. The rolling fee for IAR is \$20.00 for volunteers. The DOJ charge is \$32, and the FBI charge is \$15. The total cost is **\$67.00** for Volunteers. We have searched a number of authorized Live Scan locations and this is the lowest cost.

Will I have to be fingerprinted every year?

No, once you have been fingerprinted for the Millbrae School District, you will not need to be fingerprinted again for the Millbrae School District. The Millbrae School District will receive an alert from both the DOJ and FBI if warranted.

Why do I have to be fingerprinted again if I've already been fingerprinted in the past?

Per DOJ policy, sharing of criminal history is not permitted. The location where you had the fingerprints done before is not authorized to share any information with us regarding your Live Scan results. Each job/license/permit application can require a different level of service, i.e., some require DOJ, some require both DOJ and FBI, in addition to other checks.



Millbrae School District
 555 Richmond Drive, Millbrae, CA 94030
 650-697-5693 • 650-697-6865 (fax) • www.millbraeschooldistrict.org

PARENT/VOLUNTEER DRIVER FORM

Revised Feb 2014

PERSONAL INFORMATION

Name	
Address	
City, State, Zip	
Home Phone/Work Phone/Cell Phone	
Date of Birth	
Email Address	

VEHICLE INFORMATION

Driver's License Number	
Driver's License Expiration	
Vehicle Make/Year	
Vehicle Model	
License Plate Number	
Seating Capacity (Passenger seats with seat belts)	

INSURANCE INFORMATION

Insurance Carrier	
Policy Number	
Telephone Number	
Policy Expiration Date	

DRIVING INFORMATION (Please mark N/A if non-applicable)

Number of moving violations within the last 3 years	
Year(s) of violation(s)	
Reason(s) for citation	
Driving restrictions	

- NOTE: (A copy of your valid driver's license and proof of current automobile insurance which indicates limits of liability and policy expiration date are **REQUIRED** and must be submitted with this form.)



Millbrae School District
555 Richmond Drive, Millbrae, CA 94030
650-697-5693 • 650-697-6865 (fax) • www.millbraeschooldistrict.org

PARENT/VOLUNTEER DRIVER FORM

Revised Feb 2014

NOTE: You must receive volunteer clearance before applying to be a parent/volunteer driver. If you have not received volunteer clearance, please see your site principal.

I, (print full name) _____ hereby volunteer to transport student(s) of the Millbrae School District to and from approved events in my private vehicle. In so volunteering, I affirm that:

- My vehicle, to my knowledge, is fit for its intended purpose, is safe and has manufacturer installed safety belt/harness systems for up to _____ passengers. I will not transport more than that number of passengers at any one time, and I will require all passengers to use these safety belt/harness systems;
- If the passenger seat of my vehicle is equipped with an air bag, I will not allow a child under the age of 13, or anyone weighing less than 100 pounds to sit in that seat while the vehicle is moving;
- Operation of my vehicle is and will be covered by my automobile liability insurance which provides at least \$100,000 per person and \$300,000 per accident on liability; and \$5,000 property damage per accident. If I have an accident while transporting student (s), my insurance will be primary;
- At all times that students are being transported in my vehicle, only I will be the driver. I understand I shall assume responsibility for children I transport from the time we leave school until we return, whether they are in or out of my car;
- I am familiar with the rules of the road and will at all times drive in compliance with them at all other provisions of the Vehicle Code.
- If an automobile accident or injury occurs while my car is being used to transport students, and it is specifically alleged in a lawsuit that I was negligent in my operation of the vehicle and/or that I violated any of the above representations, I promise to hold harmless, indemnify and defend the Millbrae School District and its employees from any claim, demand, action or lawsuit against them arising out of that accident. If I am involved in an accident, by law, my liability insurance policy will be used first. The District does not cover, nor is it responsible for, comprehensive and collision coverage of my vehicle.

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District in writing of any changes in the above information. I further certify that the above vehicle is mechanically safe:

PARENT/VOLUNTEER SIGNATURE

DATE

SCHOOL

SCHOOL YEAR

STUDENT NAME(S)



Millbrae School District
 555 Richmond Drive, Millbrae, CA 94030
 650-697-5693 • 650-697-6865 (fax) • <http://www.millbraeschooldistrict.org>

PERSONAL VEHICLE USE FORM

Name:	Home Phone:
Birthdate:	Cell Phone:
Driver's License #	Driver's License Expiration Date:
Year/Make/Model of Auto:	Vehicle License #
Insurance Carrier/Agent:	Insurance Carrier/Agent Phone:
Liability Limits:	Policy #
Policy Expiration Date:	Driving Restrictions:

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the School District in the course of my duties I may utilize my personal vehicle; I must have liability insurance coverage in force as required with a minimum limit of at least \$100,000 for liability and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Signed: _____ Date: _____

Site: _____ Purpose: _____

Site Administrator Approval: _____ Date: _____

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

Please attach a photocopy of the following: (1) "Proof of Insurance" form presently being issued by your automobile insurance company that indicates expiration date of insurance and (2) driver's license. District Administration may obtain employee driving record checks from the California Department of Motor Vehicles which are a matter of public record.

BOARD OF TRUSTEES
 FRANK BARBARO DENIS FAMA LYNNE FERRARIO JAY D. PRICE D. DON REVELO

An Equal Opportunity Employer