Process to Volunteer at Westlake Charter School

Westlake Charter School's mission includes demonstrating what is possible when school and community collaborate. Volunteers are a valuable part of our community collaboration. In order to collaborate safely with our community, there are steps required to volunteer in different capacities.

Classroom Volunteers: ☐ Volunteer Code of Conduct ☐ Sign in with ID at the front desk	**WAVE Event Volunteers:** ☐ Volunteer Code of Conduct ☐ Sign in at volunteer table
Field Lesson Volunteers: ☐ Volunteer Code of Conduct ☐ Fingerprinting	**Overnight Field Lesson Volunteers:** ☐ Volunteer Code of Conduct ☐ Fingerprinting ☐ TB
Take Home Work Volunteers: No additional requirements. Simply coordinate with teachers to bring home prep work and return to the teacher by the requested deadline.	

Volunteer Code of Conduct: CLICK HERE for the Volunteer Information Sheet. Please complete and return to the front desk with a copy of your ID.

Fingerprinting: CLICK HERE for the Volunteer Fingerprint Form. Please complete and go to a Live Scan provider. Many people choose the UPS store by Safeway or Capital Live Scan on Broadway.

TB: Email a negative TB test to HR@westlakecharter.com or bring a copy to the front desk.

Resources:
CLICK HERE to read Board Policy 07-03 Fingerprinting and Background Checks
CLICK HERE to read Board Policy 07-04 Tuberculin Examinations

Westlake CHARTER SCHOOL

Westlake CHARTER HIGH SCHOOL

Volunteer Information Sheet

Date of Application_____

First Name Middle Initial Last Name

Home Address City Zip Code

Home Phone Cell Phone

Email Address

Emergency Contact: Name/Relationship Phone Number

Volunteer Code of Conduct

The volunteer shall:

- Be conscientious and concerned for the health and safety of the students and staff.
- Be free of the influence of alcohol or illegal drugs when with students on or off school grounds.
- Shall not use tobacco products throughout the district's buildings, grounds, or vehicles.
- Promptly notify the school administrator if you observe, have knowledge of, or reasonably suspect that a child has been the victim of child abuse.
- Have no outside contact with students unless authorized by the administration.
- Support the district, school, and classroom policies and programs.
- Promptly inform the teacher or school office when unable to attend or when discontinuing to serve as a volunteer.
- Follow dress codes and act professionally
- Not access the school's network, email, or student records.
- Refrain from disciplining students; instead, seek assistance from a teacher when needed.
- Remain under the immediate supervision and control of a school employee.
- WCS has the right to excuse volunteers at any time, with or without advance notice, and with or without cause.

Volunteer Signature Date

Westlake CHARTER SCHOOL

Westlake CHARTER HIGH SCHOOL

Volunteer Instructions

Dear Volunteer,

Thank you for taking the time to volunteer for Westlake Charter Schools. Every neighborhood and community has a stake in student success and your help makes a difference in the lives of our children.

Our goal is to effectively and safely use parent and community volunteers. Whether it is a short-term project-specific or ongoing, Westlake Board Policy and the Education Code requires that volunteers be screened.

- Please complete the WCS Volunteer Information/Volunteer Code of Conduct form.
- Take your driver's license and request for Live Scan service form (attached) to any of the below listed locations:
    - **Capital Live Scan**, 5706 Broadway, Sacramento, Ca 95820 916-456-5260
    - **UPS Store**, 2701 Del Paso Road, Ste. 130, Sacramento, CA 95835 (916) 285-7193 (Located at the Safeway shopping center) Hours:8:00am-5:00pm Mon-Fri & 9:00am-5:00pm Saturday.
- Email a negative TB test to HR@westlakecharter.com or bring a copy to the front desk.
- Return WCS Volunteer Information/Volunteer Code of Conduct form and a copy of your driver's license to the front desk. You may keep the Live Scan request and receipt for your records.
- If you have any questions or concerns, please contact admin@westlakecharter.com

Fingerprint Clearance/Background Check

For security reasons, a background check will be completed through the California Department of Justice (DOJ). The cost of fingerprinting is the responsibility of the volunteer. WCS will receive the electronic clearance results normally within 1-10 business days. After being fingerprinted, please inform WCS if you are no longer interested in being considered for a volunteer position.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AG015
ORI (Code assigned by DOJ)

School Volunteer
Authorized Applicant Type

School Volunteer
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Westlake Charter School
Agency Authorized to Receive Criminal Record Information

17135
Mail Code (five-digit code assigned by DOJ)

2680 Mabry Drive
Street Address or P.O. Box

Steve Korvink
Contact Name (mandatory for all school submissions)

Sacramento
City

CA
State

95835
ZIP Code

(916) 567-5760
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov,** or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[1] Written notification includes electronic notification, but excludes oral notification

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 28 CFR 50.12(b)

[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

Westlake CHARTER SCHOOL

Westlake Charter School Memorandum

To: All Staff
From: The Admin team
Re: Transportation: Volunteer Drivers

VOLUNTEER DRIVERS: AUTOMOBILE USE FORM

[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, Westlake Charter School ("School") requires that anyone (employee/staff or volunteer) transporting Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained by you including your Driver's License and Insurance information. Ideally, this will be provided at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

Required for all Staff and Volunteer Drivers	
Name of Driver	
California Driver's License Number & Expiration Date	
Insurance Carrier	
Policy Number and Expiration Date	
Liability Coverage Limits	
If driving a personal vehicle, please complete the following:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate Number:	

We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the School to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, please also be advised, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, your insurance will provide the primary coverage for any resulting bodily injury or property damage. The School's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The School does not cover, nor is the School responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle. This form and all acknowledgements shall be valid for one school year.

Westlake CHARTER SCHOOL

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.

2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by School representatives.

3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the School to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition if the destination involves an activity, event or competition generally available to the public or, at my expense and with School permission, I can purchase admittance for such other child.

_____ _____

Printed Name Signature

_____

Date

Date Received by School:

Received by: