

## Volunteer Process

Parent volunteers may work on the school site and in classrooms without being fingerprinted or background checked, as long as they are supervised at all times, possess a negative TB test and are checked in and out of the front office with an ID Badge. NO Exceptions!!

Please follow these steps to be consistent and safe:

1. Each site is responsible for their volunteers.
2. Only those volunteers expected to be alone or on extended field trips with students must be fingerprinted and background checked. If a volunteer must be live scanned and background checked, the official application will be found at each site.
3. All volunteers must prove TB clearance or pay for the test.
4. Sites are responsible for filing volunteer information:
  - Personal info form (form #5)
  - Receipt from fingerprinting agency completed.
  - Department of Justice clearance from District Office.
  - Cost for live scan paid by volunteer.
  - Cost for D.O.J. clearance paid by volunteer.
  - Sites make sure each volunteer that has a D.O.J. check fills out a No Longer Interested Notification.
  - Teachers responsible for ensuring no volunteer is left alone with students in classrooms or on grounds unless cleared.
5. It takes about 5 to 10 days for the results of the live scan to come back to the district office. It is the responsibility of the site to follow up on the results of the live scan for each volunteer (call Tammy at the administrative desk, 645-6350).

If you need additional forms or clarification, please call Peggy VanLengen at the district office 916.645.5293.

Thank you for your interest in Volunteering at Foskett Ranch Elementary School.

WESTERN PLACER UNIFIED SCHOOL DISTRICT  
FOSKETT RANCH ELEMENTARY  
VOLUNTEER INFORMATION FORM

Parent Name \_\_\_\_\_

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Brief description of services to be performed: \_\_\_\_\_

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

Staff Contact/  
Supervisor \_\_\_\_\_

\_\_\_\_\_

Sheriff's Department Clearance \_\_\_\_\_ Date Received \_\_\_\_\_

\_\_\_\_\_ TB Test submitted, valid through \_\_\_\_\_ (if required)

\_\_\_\_\_ Principal Approval \_\_\_\_\_ Date

*NOTE: Volunteers may not provide services until this form is completed and on file in the principal's office.*