

## SCUSD Volunteer Registration Process

In order to start volunteering, you need to have the following items on file with your school:

1. A current and completed SCUSD Volunteer Registration Form

This must be completed each school year. This form will be maintained at your school site. Mandatory tracking in Infinite Campus by school site Office Manager.

2. Documentation showing you to be free of infectious tuberculosis (see above).

3. Fingerprinting Requirements

Fingerprinting must be done at the SCUSD Serna Center or at another site using the SCUSD Fingerprint Form which includes: CODE ASSIGNED BY DOJ – “A0283”; and MAIL CODE ASSIGNED BY DOJ – “A3353”. You must have a completed volunteer fingerprinting authorization form signed by the school site administrator (principal), or department designee with you. **The cost for volunteer fingerprinting at SCUSD is \$47.00. This can be paid by cash (exact change only), debit or credit card.** Fingerprints are “good” for the duration of “uninterrupted” volunteering in the district. If you have fingerprints on file with SCUSD and you are a current active volunteer you do not need to complete this process again.

**Fingerprinting is by appointment only. Call the Fingerprinting Office at 916-643-9050 to schedule an appointment. To schedule appointment online, please visit**

**<https://www.scusd.edu/fingerprinting-service>**

**For more information, email [doj@scusd.edu](mailto:doj@scusd.edu).**

4. Complete SCUSD Volunteer Training available at:

<https://mandatedreportertraining.com/volunteers/>

Provide proof of completion to school site office manager.

**Reminder:** In order to ensure safety and minimize distractions to the learning environment, please do not bring infants or non-school age children to school with you when you are volunteering in the classroom. Volunteers are asked to arrange for off-campus childcare.



Dear Volunteer,

We are pleased that you have decided to participate in the Sacramento City Unified School District (SCUSD) Volunteer Program! As parents, grandparents, neighbors and community members you have valuable ideas, talents and time to share with our students and our schools. As a volunteer, your deeper engagement directly supports the District's guiding principle:

"Ensuring every student has an equal opportunity to graduate with the greatest number of postsecondary choices from the widest array of options."

It is our belief that our volunteer programs are beneficial to everyone involved. Volunteers help foster stronger school/community relationships by creating a common ownership in the success of our schools, as well as, demonstrating the importance of community service to our students. All SCUSD Volunteer Program requirements are designed with student and adult safety in mind.

The SCUSD Volunteer Program provides support and guidance to schools to help them facilitate their parent and community engagement programs. Volunteers can work in a variety of capacities: doing work from home; acting as tutors/mentors; providing assistance in the classroom; participating on business/community partnership advisory boards; assisting in a school's main office or library/media centers and organizing fundraising efforts for school foundations, scholarships, field trips and extracurricular activities.

**This packet includes:**

- Volunteer Protocols and Approvals
- Definition of the role of a parent/guardian visitor
- Definition of the role of a volunteer
- Volunteer Registration Process
- Volunteer Registration Form (maintained at site with a copy to Volunteer Office)
- Code of Conduct (maintained at site with a copy to Volunteer Office)
- Volunteer Fingerprinting and Authorized Approval
- Volunteer Interest Form (maintained at site)

**If you have any questions, please direct them to the SCUSD Family and Community Empowerment (FACE) Department at (916) 643-7924.**

## Definition of a Parent/Guardian Visitor

### Parent/Guardian Visitors\*

Sacramento City Unified School District wants to encourage parents/guardians to be active participants in their child's education. While some parents/ guardians may not be able to volunteer on a regular basis, there are still opportunities to be involved at the school site.

**\*Parent Visitors do not have the same definition as a volunteer.**

A Parent/Guardian Visitor is a parent /guardian who visits the school on an intermittent basis, **no more than 10 days out of the 180-day school year**, to participate in activities in view of school staff, and are never alone with students.

### Parent/Guardian Visitors may:

- Attend a classroom/school event, school fair, recognition ceremony or school celebration.
- Visit the classroom or lunchroom on a limited basis. Act as a presenter for a classroom/school event such as Career Day.
- Participate in school beautification projects such as a School Garden Day.

### Parent/Guardian Visitors on field trips:

- Limited to day field trips only, **no overnights**.
- Parent/Guardian visitors are allowed to take only their own child on a field trip **with prior approval from the administrator.**
- Parent/Guardian visitors must also make arrangements with their child's teacher to be on the field trip list prior to the event.
- Parent/Guardian visitor must wear a **visitor identification badge** at all times.
- Parent/Guardian visitor must remain with their own child throughout the field trip.
- Parent/Guardian visitor **must never be alone with other children.**
- Teachers must **not allow visitors to supervise children other than their own.**

### Visitor Identification

**All visitors must sign-in at the front office and wear an identification badge at all times.**

**For more information on school/classroom visitation, please refer to the SCUSD Annual Parent and Student Rights Notification and Standards of Behavior.**

## SCUSD Visitor Code of Conduct

As a Visitor, we require that you follow our SCUSD Visitor Code of Conduct:

Please make an appointment with your school site, if you plan to visit the classroom.

Understand that your role is a supportive one. The teacher and principal are completely in charge. If the teacher leaves the room, the teacher in the next room assumes responsibility.

**You must not be left in charge of a classroom. You may not be alone with students.**

Remember, visitors in a classroom for observation of their student may not interrupt teaching. If you have questions for the teacher, please ask them outside of class time.

Maintain student confidentiality at all times. Do not discuss any student other than your own.

Use good judgment and avoid any compromising situations. Never be left alone with students out of view of other people. Always use adult bathrooms.

Please do not take pictures or videos of students, other than you own, without permission.

Please maintain a constructive attitude. Do not make negative comments about the school, its personnel or the students in front of students.

Sign in each time you visit.

Please dress and act as a role model.

Remember, SCUSD has a zero tolerance policy. Never be under the influence of drugs or alcohol when with students on or off school grounds. Do not smoke on school grounds or at any time around students.

Do not use cellphones in the classroom or at any time around students.

## Definition of a SCUSD Volunteer

### Volunteer Definition

A volunteer is a parent/guardian, community member or other adult who assists at a school site or program on a regular or semi-regular basis in a **non-essential role**. Also, parents/guardians who observe or visit their child at school on a scheduled basis and stay more than 15 minutes each time are considered volunteers.

Authorized parents/guardians are not prohibited from visiting their child's classroom or school campus, if that visit is in compliance with Board Policy, school rules and applicable law. A parent/guardian picking up their child from school or occasionally observing or visiting their child's school is not considered a volunteer.

### Volunteer non-essential activities include, but are not limited to:

1. Coaching (non-paid)
2. Short term supervision of students
3. One on one tutoring or mentoring outside the classroom or other supervised setting
4. Attending or chaperoning school sponsored trips
5. Transporting students in private vehicle
6. Student observation as part of a formal teacher preparation program
7. Any other volunteer activity, including that done by parents in child care and developmental programs, where there is a possibility of unsupervised contact with children
8. Any volunteer activity where the funding agency requires criminal record clearance

### Volunteers who chaperone field trips:

Refer to the site administrator for direction and clearance.

### Volunteer Drivers (Optional):

If you wish to volunteer to drive students other than you own to a field trip or event, please fill out the Driver's Form included in this packet.

### Exclusion of Volunteers:

- Any person who is required to register as a sex offender shall not serve as a volunteer.
- Any person who has been convicted of a serious or violent felony shall not serve as a volunteer.
- Any person arrested for a serious or violent crime shall not serve as a volunteer.
- For any other conviction, the Superintendent or designee has the discretion to deny volunteer service depending on the nature of the conviction.

### **Volunteer Identification:**

- Volunteers are required to sign in at the front office and wear Identification badges.

### **Tuberculosis Testing:**

- Volunteers must provide documentation, dated within the past 60 days, showing they are free of infectious tuberculosis (TB). They may provide **one** of the following:
  - a Certificate of TB Risk Assessment and/or TB Examination
  - a negative TB Test
  - a statement from a medical provider that states that the volunteer is free of infectious tuberculosis.
- Per Education Code, a volunteer who has volunteered or has been employed in another school district will be approved to volunteer if they can provide written verification from the former district that they were examined within the past four years and found to be free of infectious tuberculosis.
- Volunteers must provide documentation showing them to be free of infectious tuberculosis every four years.

### **Workers' Compensation**

Unsalaries volunteers may be considered employees of the district for worker's compensation insurance purposes. If injured while serving as a volunteer in the district they must call the workers' compensation reporting line at: (916) 643-9299 or (916) 643-9421.

For additional information about SCUSD Volunteer Policy, please refer to the summary of Administrative Regulation (AR 1240) and School Board Policy (BP 1240) that are relevant to SCUSD volunteers.

### SCUSD Volunteer Registration Form

Thank you for your time and interest in becoming a Sacramento City School District Volunteer!

**You are not authorized to volunteer on any campus until the mandatory requirements have been fulfilled and you have been notified.** If you will be a volunteer driver for any student activities, you must also complete the "Personal Automobile Use" form and fulfill the requirements of that process.

#### Personal Information

Last Name				First Name		Middle Initial		Date of Birth	
Address				City		Zip			
Home Phone			Cell Phone			Work/Other			
Email Address									
School Sites Where I Will Be Volunteering									
In Case of Emergency Notify				Relationship			Phone Number		
Place of Employment									
I am currently a Sacramento City Unified School District employee with fingerprints and TB clear on file. <input type="checkbox"/> YES <input type="checkbox"/> NO									
For office use:									
<input type="checkbox"/> TB Clearance – Valid Through: _____ (Issuance date plus 4 years)									
<input type="checkbox"/> If necessary, X-Ray Clearance on file.									
<input type="checkbox"/> Fingerprint clearance- Date _____									
<input type="checkbox"/> Mandated Reporter Training- Date Completed _____									

I hereby certify that the information contained in this Registration Form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Registration Form may result in my failure to volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**\*Signature of Site Administrator REQUIRED** (print & sign)

Date 8-20-24

EUGENE A. STORALL IV  
*Eugene A. Storall IV*

## SCUSD Volunteer Code of Conduct

### **As a Volunteer, Your Role and Responsibilities in the School Are Unique**

**Understand** that your role is a supportive one. The teacher and principal are completely in charge. If the teacher leaves the room, the teacher in the next room assumes responsibility. You must not be left in charge of a classroom.

**Remember** volunteers are only permitted to work with students on school grounds and under the supervision of certificated staff. Have no outside contact with an individual student unless authorized by administration or parents.

**Maintain** student confidentiality at all times. Do not discuss any student with anyone except teachers, counselors, and volunteer coordinators.

**Don't** make promises you can't keep

**Use** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one student out of view of other people. Always keep the door open. Always use adult bathrooms.

**Strictly** follow volunteer guidelines and discipline practices. Physical discipline is absolutely prohibited. Ask the teacher and volunteer coordinating staff for assistance with problematic student behavior.

**Report** immediately to a staff person any physical abuse or sexual exploitive behavior towards a student.

**Don't** engage students on any social media site, email, texts or take or show your picture or student's pictures/videos on your phone or other media devices

### **Volunteers Take Pride in Being Professional**

**Maintain** a constructive attitude. Don't make negative comments about the school, its personnel or the students to other volunteers or individuals outside the school.

**Be Prompt** and consistent in your attendance. Teachers depend on volunteers and plan their work accordingly. Students depend on volunteers even more, especially on field trips. Notify your school as soon as possible if you are late or absent.

**Keep** an accurate record of your attendance by signing in each day you volunteer.

**Dress** and act professionally.

**Establish** and maintain good and frequent communication with your classroom teacher or volunteer coordinator.

**Never** be under the influence of drugs or alcohol when with students on or off school grounds.

**Do not** smoke on school grounds or at any time around students.

**Do not** lend money, contribute or solicit money for organizations while on school grounds.

**Do not** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.

**Do not** use cellphone in the classroom or at any time around students.



## Health and Safety Are Always Important

**Adhere** to District, school, and classroom policies rules and regulations.

**Refer** any student in need of first aid or any type of medication to the teacher or front office.

**Learn** and follow fire drill emergency procedures and all school rules.

**Notify** the principal of any accident you had on school grounds. A written form must be submitted to the principal within 24 hours.

**I agree to adhere to the above code of conduct at all times when I am a volunteer at a SCUSD school site or program. I understand that my volunteer status can be revoked at any time.**

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Signature

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Site

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Date

## VOLUNTEER INTEREST FORM

Name: \_\_\_\_\_ Site/Program: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

**I am interested in volunteering in the following areas (check all that apply):**

- Classroom Helper
- Reading to Children
- Share hobby or career information
- Field Trip chaperone
- Yard/Cafeteria Assistance
- Library Assistance
- Child care during on-site event
- Mentor Students
- Community Gardens
- One-time family events
- At-home work for classroom
- Volunteer Coordination
- Photograph events
- Athletics
- Tutor Students
- Assist with fundraising
- Assistant Coach

**Availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					

**PHOTO RELEASE**

I, \_\_\_\_\_, authorize the use of my photograph for school/district publicity purposes. I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents, and volunteers from any and all liability arising out of or connection with the use of my photograph and all liabilities associated with any and all claims related to such use of my photograph. For the purposes of this release, 'liability' means all claims, demands, losses, causes of actions, suits or judgments of any and every kind that arise as a result of the above described activity and resulting from any cause other than the District's gross negligence.

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

Regulation: SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Approved: November 16, 1998 Sacramento, California

Reviewed: June 11, 2002

Revised: May 23, 2006

Revised: March 15, 2011

Revised: September 12, 2011

Revised: December 20, 2012

Revised: September 9, 2014

Revised: April 25, 2018

Revised: May 2, 2018

Revised: May 21, 2018

Revised: June 6, 2018

Revised August 1, 2018

Revised June 25, 2019

Revised October 2021

February 11, 2022

October 27, 2022

November 14, 2022

November 1, 2023

August 1, 2024

AUTHORIZED APPROVAL

Matsuyama Elementary

SITE/PROGRAM:

*[Handwritten Signature]*

SITE ADMINISTRATOR SIGNATURE

8-20-24

DATE

**\*Site Administrator's signature is mandatory to apply as a SCUSD Volunteer PRIOR to bringing packet to Serna Center.**

**NOTE: Site Administrator or Department Designee's Signature is mandatory to apply as a SCUSD Volunteer**

Education Code §3502 prohibits the District from allowing a person required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code § 290.4

**BUDGET CODE:** \_\_\_\_\_

**IMPORTANT:** This form is for ALL VOLUNTEERS or those working in programs where such screening is required. The prospective volunteer is instructed to bring this form, along with a valid California Driver's License or California Identification Card, plus their Social Security number to the Customer Service Specialist in the Serna Center in order to initiate the fingerprint and background check process. There is a fee of \$47 for this process. If the site is paying the cost, please add budget code above. If the volunteer is paying for the cost, we accept cash (only exact change), debit or credit card.

**Prior to beginning any assignment, SCUSD Board policy requires that all volunteers be cleared to work by the Department of Justice.**

I understand this requirement and **will not volunteer** with the District until clearance is received from the SCUSD Human Resources Office.

I have received a copy of the SCUSD rules and regulations for volunteers [BP1240 and AR 1240].

I hereby fully release and discharge the Sacramento City Unified School District, its officers, employees, agents and volunteers from any and all liability arising out of or in connection with this background check and all liabilities associated with and all claims related to this background check. For the purpose of this release, "liability" means all claims, demands, losses, causes of action, suits or judgements of any and every kind that arise as a result of the above named activity and resulting from any cause other than gross negligence.

Signature \_\_\_\_\_

Date \_\_\_\_\_





### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A0283 \_\_\_\_\_  
ORI (Code assigned by DOJ) Authorized Applicant Type \_\_\_\_\_

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

#### Contributing Agency Information:

Sacramento City Unified School District  
Agency Authorized to Receive Criminal Record Information

A03353 \_\_\_\_\_  
Mail Code (five-digit code assigned by DOJ)

5735 47th Ave  
Street Address or P.O. Box

Cancy McArn, Chief Human Resources Officer  
Contact Name (mandatory for all school submissions)

Sacramento CA 95824  
City State ZIP Code

(916) 643-7452  
Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name: (AKA or Alias)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Suffix \_\_\_\_\_

Sex  Male  Female

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

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](mailto: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

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### 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

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### 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<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.<sup>4</sup>

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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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> 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)

Please fill out the following two forms completely. Sign and date them. Provide a copy of your current declarations page of your car insurance, which shows your coverage levels. You must meet the minimum requirements, which are \$100,000/\$300,000 Liability and \$50,000 Property Damage. Please also provide a copy of your current driver's license. If you do not have means to copy the required documents, bring them with you for us to copy and attach to the forms for processing.

Thank you.



**OFFICE OF RISK & DISABILITY MANAGEMENT**

5735 47<sup>th</sup> Avenue - Sacramento, CA 95824

Phone: (916) 643-9421

Fax: (916) 399-2071

Keyshun Marshall, *Coordinator II*

This form is required and must be completed and returned to Risk Management. The information below will be submitted to the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.

**RELEASE OF DRIVER RECORD INFORMATION**

I \_\_\_\_\_ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

Organization: Sacramento City Unified School District

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

Printed Name (as it appears on driver license): \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State \_\_\_\_\_ Circle Gender: M or F

Birth Date (Month/Day/Year): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Department/Site: \_\_\_\_\_ Title: \_\_\_\_\_

Volunteer:  Substitute/PerDeim:

*Please submit a clear copy of driver license with this form. Be aware of timelines and plan for the necessary preparation time prior to submitting this form.*

***\*This form must be submitted (6) weeks in advance for all trips requiring drivers. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Sacramento City Unified School District Risk & Disability Management use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized. If you have received this form in error, please forward immediately to the Office of Risk & Disability Management and destroy all copies without reading or disclosing the contents.***

**Office of Risk Management Use Only**

Processing Date: \_\_\_\_\_

Clearance Date: \_\_\_\_\_

Additional Notes/Comments: \_\_\_\_\_



# VOLUNTEER PERSONAL AUTOMOBILE USE FORM

[One Form Required for Each Driver - Approval Required]

Thank you for volunteering your time and your automobile to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least 6 weeks 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 INFORMATION

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Insurance Policy # and Expiration Date:	
Liability Coverage Limits:	(Minimum Required: \$100,000/300,000 liability and \$50,000 property damage)

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 District 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 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 accident resulting in bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

## VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, by 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. Seatbelts are to be used at all times by myself and all transported students. The vehicle(s) may be inspected by a District representative.
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 District 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 District permission, I can purchase admittance for such other child.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Date Received by District:</b>	<b>Received by:</b>	