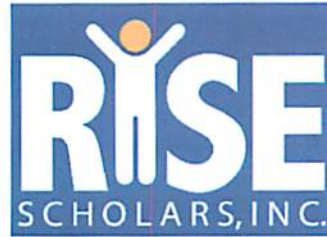


RISE and/or MENTOR VOLUNTEER APPLICATION



Fill out the following paperwork and return to Catherine Pace at Hamilton:

- Mentor Hamilton/RISE Application
- NUSD Volunteer Application with TB Risk Assessment form
- Request for Live Scan Service (finger prints) you can take the attached Live Scan form to UPS. The report will be sent directly to NUSD.

Have 2 people complete a reference for you, have them send the reference directly to Hamilton via mail or email.

- Mentor Hamilton/RISE Scholars Reference Request

Please do not hesitate to contact us should you have any questions about this process.

Send information to:
Mentor Hamilton/RISE Scholars
5530 Nave Drive
Novato Ca, 94949
Fax: 415 883-7745
Email: cpace@nUSD.org

Hamilton/RISE Scholars Volunteer Application

Are you interested in Mentoring, Tutoring, or undecided: _____

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Occupation: _____ Employer: _____

1. How did you hear about Mentor Hamilton/RISE Scholars:

2. Special professional training, skills, hobbies and interests:

3. Community Affiliations (clubs, service organizations, etc.)

4. Previous volunteer experience (please include name of organization, contact name and telephone number):

5. What experience do you have in working with/raising children?

6. Other than English, what language(s) do you speak? _____

7. For Mentor Applicants:

What interests you about becoming a mentor to a child?

What do you hope the experience of mentoring a child will be like?

Applicant signature: _____

Date: _____

Mentor Hamilton/RISE Scholars Volunteer Reference

_____ is applying to be a Mentor or Volunteer at **Hamilton School**. Your evaluation of this potential mentor/volunteer is appreciated. Please be candid in your assessment and provide information that will assist us in providing our children with safe and effective volunteers. Please use the back if you need more room. Thank you.

1. How are you acquainted with the potential mentor/volunteer and how long have you known this person?
2. In what setting have you observed and/or worked with this person?
3. What are the major strengths of the potential mentor/volunteer?
4. In your opinion, does the potential mentor/volunteer have the personality and capability/potential to be effective as a mentor/volunteer for children? Please explain.
5. Do you have any reservations about recommending this candidate as a volunteer or mentor for children?
 No Yes
 If you indicated "yes" please explain:
6. Please circle one number for each item indicating the relative strengths and weaknesses demonstrated by the potential mentor/volunteer. The scale ranges from 5 (outstanding) to 1 (shows a definite weakness).

	High			Low	
a. accepts responsibility	5	4	3	2	1
b. is self-motivated	5	4	3	2	1
c. is punctual	5	4	3	2	1
d. communicates well with others	5	4	3	2	1
e. follows through with commitments	5	4	3	2	1
f. accepts constructive feedback	5	4	3	2	1
g. respects others	5	4	3	2	1
h. solves problems creatively	5	4	3	2	1
i. is able to handle stressful situations	5	4	3	2	1
j. is willing to consider alternatives	5	4	3	2	1
k. is compassionate	5	4	3	2	1

Print Name: _____ Signature: _____ Date: _____

Address: _____

Email: _____ Phone#: _____

**Please return this form to Hamilton School:
 scan and email to: cpace@nUSD.org
 OR fax to 415 883-7745 OR mail to Mentor/RISE Hamilton, 5530 Nave Drive, Novato, Ca 94949.**



**NOVATO
UNIFIED
SCHOOL
DISTRICT**

Jan La Torre-Derby, Ed.D.
Superintendent

Francesca Whitcomb
Director, Human Resources

1015 7th St
Novato, CA 94945

T: (415) 493.4220
F: (415) 897.1531
www.nusd.org

VOLUNTEER APPLICATION

This application must be completed if you wish to be a Site-Based Volunteer, Field Trip, and/or Overnight Field Trip Chaperone. The following information is required:

School/Department: MENTOR HAMILTON / RISE Scholars

Name: _____

Address: _____

Street

City

Zip

Telephone#: _____ Email: _____

All items below must be completed before being cleared to volunteer.

Site-Based Volunteer (No fingerprints required):

- Volunteer Application
- Proof of Identification: i.e. Driver's License or Passport
- [TB Risk Assessment Form](#) (or cleared TB test)

Overnight Field Trip Chaperone or Driving Volunteers

- All of the above **and:**
- Fingerprint clearance ([Live Scan Form](#))

**ALL RISE VOLUNTEERS / MENTORS must complete Live Scan.*

Coaching Volunteers (High School Level):

- [Coach/Athletic Volunteer Information](#)

Volunteer Conditions and Confidentiality

- All student information should be treated confidentially. I am required to maintain confidential all information that I may obtain directly or indirectly.
- Any information learned from a student should be held in strict confidence except if the student confides he/she is the victim of abuse and/or involved in any illegal activity.
- I am to conduct myself in a manner that will not be distracting from the educational process.
- As a matter of safety, I will not bring siblings and/or children not enrolled in the classroom during any volunteer hours (i.e. class parties, field trips, etc.).
- All accidents/injuries must be reported immediately to the Principal or Principal's designee.
- School staff is responsible for discipline and grading will be handled by the student's teacher.
- I will sign in and out at the school office and wear a school visitor badge at all times while volunteering.
- While volunteering, I will not bring, distribute or consume any prohibited substances (i.e. tobacco, alcoholic beverages, marijuana, etc.).
- I understand I may be held personally responsible for any activity that could be considered gross negligence in the performance of my responsibilities.
- All documents must be turned in to School Site Office Manager **OR** to Human Resources
- Office Managers will forward Volunteer Applications to HR
- Please note TB information will be on a list shared with office managers.

I have read and understand each of the above conditions and I agree to abide by them. Consistent with applicable law and District Policy, the District shall not authorize any registered sex offenders to volunteer in classrooms and, drive and/or chaperone students on field trips.

Volunteer Signature

Date



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Print Form

Reset Form

Applicant Submission

ORI: A0523 Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

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

Contributing Agency Information:

NOVATO UNIFIED SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information
1015 SEVENTH STREET
Street Address or P.O. Box
NOVATO CA 94945
City State ZIP Code

01897
Mail Code (five-digit code assigned by DOJ)
JENNIFER ALBINI
Contact Name (mandatory for all school submissions)
4154934246
Contact Telephone Number

Applicant Information:

Last Name _____
Other Name (AKA or Alias) Last _____
Date of Birth _____ Sex Male Female
Height _____ Weight _____ Eye Color _____ Hair Color _____
Place of Birth (State or Country) _____ Social Security Number _____
Home Address Street Address or P.O. Box _____

First Name _____ Middle Initial _____ Suffix _____
First _____ Suffix _____
Driver's License Number _____
Billing Number **APPLICANT MUST PAY**
(Agency Billing Number)
Misc. Number _____
(Other Identification Number)
City _____ State _____ ZIP Code _____

Your Number: NUSD2165
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

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

Original ATI Number _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.[^]
- The purpose of this tool is to identify adults with infectious tuberculosis (TB) to prevent them from spreading disease.
- Do not repeat testing unless there are new risk factors since the last negative test.
- Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

[^]The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy job-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____ mo./_____ day/_____ yr.

Date of Birth: _____ mo./_____ day/_____ yr.

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.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):