

A New Requirement for All Haynes CES Volunteers:

As of the new 2018-2019 School Year, all Volunteers (Parents, Grandparents, College Students, Student Teachers, etc.) need to be fingerprinted by LAUSD. The Fingerprinting fee is currently \$56.00 and is the responsibility of the volunteer and it is required by the FBI and DOJ (Department of Justice). Money orders or Cashier's Checks made out to LAUSD are the only accepted forms of payment.

Applicant are required to present a Social Security Number and a State of California Driver's License or Identification Card.

Once you complete the LAUSD School Volunteer Application and you have the result of your TB Test or Chest X-ray ready, school staff will schedule an appointment for you at one of the two following locations:

1-5607 Capistrano Ave., Woodland Hills, CA 91367 - 818-587-4300

2-6505 Zelzah Ave., Reseda, CA 91335- 818-654-1600

Thank you
Haynes Office



HAYNES CHARTER FOR ENRICHED STUDIES

BULLETIN 4841.1

6624 LOCKHURST DRIVE
WEST HILLS, CA 91307
(818) 716-7310

Tuberculosis physician/clinic form:

Date: _____

Dear Volunteer:

All volunteers must be free of active tuberculosis before they start work. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. This must be done within 6 months prior to service. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived.

Barbara A. Meade
Principal

TO BE COMPLETED BY PHYSICIAN/CLINIC:

PATIENT'S NAME _____ DATE OF BIRTH _____

SCHOOL _____

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

____ MANTOUX SKIN TEST (5 TU PPD)

____ CHEST X-RAY (ACCEPTABLE ONLY IF MANTOUX POSITIVE)

DATE GIVEN _____ DATE READ _____ DATE OF X-RAY _____

GIVEN BY _____ RESULT (mm) _____

X-RAY IMPRESSION _____

____ HISTORY OF POSITIVE MANTOUX

____ SIGNATURE OF PHYSICIAN/RN _____ DATE REPORT SIGNED _____

____ PRINT NAME OF PHYSICIAN/RN _____ DEGREE _____ STATE LICENSE NUMBER _____

BUSINESS ADDRESS _____
STREET CITY ZIP CODE

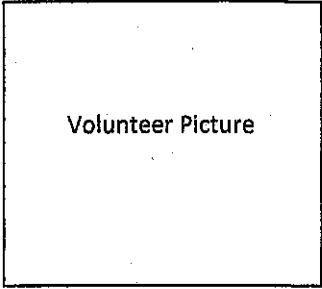
TELEPHONE (____) _____



LAUSD School Volunteer Application
Parent Community Student Services Branch
 1360 W. Temple Street, Los Angeles, CA 90026 (866) 669-7272
<http://www.lausd.net/parent-services>

HAYNES CHARTER FOR ENRICHED STUDIES
 Barbara A. Meade - principal
 6624 Lockhurst Dr. West Hills, CA 91307
 Phone No. (818) 716-7310
 Fax No. (818) 716-7249
 Website haynesstreetschool.com

TO BE COMPLETED BY LAUSD SCHOOL PERSONNEL:
 Date TB test given _____ Date of TB test expiration _____
 Name search on <http://www.meganslaw.ca.gov> website on _____ by _____
 If volunteer is LAUSD Employee please submit his/her employee number: _____
 Volunteer Assignment: _____ Classroom # _____
 Student Name: _____



I am a _____ New Volunteer _____ Returning Volunteer

Profile Information

Circle one: _____ Mr. _____ Mrs. _____ Miss _____ Ms. _____ Other: _____
 Last Name _____ First Name _____ Middle Initial _____
 Address: _____ City _____ State _____ Zip _____
 Email: _____ @ _____ Birthday: _____ Gender: _____ Female _____ Male
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

In Case of Emergency

Contact Name _____ Phone # _____
 Contact Name _____ Phone # _____

Employment (Optional)

Are you employed? _____ Yes _____ No If so, where? _____
 Occupation _____ Relevant Skills _____
 Level of education _____ High School _____ Associate's Degree _____ Bachelor's Degree _____ Master/PhD _____ Other
 Health accommodations? _____

Demographic Data (Optional)

Ethnicity _____ Hispanic/Latino _____ African American _____ Am Indian/Alaskan Native _____ Chinese
 _____ Asian Indian _____ Laotian _____ Vietnamese _____ Other Pac Islander
 _____ Cambodian _____ Japanese _____ Hmong _____ Hawaiian
 _____ Guamanian _____ Samoan _____ Tahitian _____ Korean
 _____ Filipino _____ Other Asian _____ Caucasian/White
 Language _____ English _____ Spanish _____ Korean _____ Armenian _____ Madarin
 _____ Russian _____ Cantonese _____ Tagalog _____ Vietnamese _____ Farsi
 _____ Japanese _____ Laotian _____ Cambodian _____ Thai _____ Other
 Other languages _____

CBO, Colleges, universities, Others

I am _____ a student at college/university Institution _____
 I am _____ an intern Institution _____ PSA _____ SMH _____ Others
 I am _____ employed at a community based org. Organization _____
 I am _____ employed at LAUSD Employee # _____
 I am _____ a volunteer at a non-school site Unit/Branch _____
 Contact Person _____

LAUSD School Volunteer Application Continued

Parents/Legal Guardians and Families

I am a _____ parent/legal guardian of a child at a LAUSD school
I am a _____ community member or non-custodial family member

School Volunteer Placement Information

(You must fill out a separate application for every school where you want to volunteer)

The school I want to volunteer at: **HAYNES CHARTER FOR ENRICHED STUDIES.** I have children attending this school _____ Yes _____ No
If yes, name(s) of student(s) and birth date(s)

Student Last Name _____ First Name _____ Birth date ____/____/____
Student Last Name _____ First Name _____ Birth date ____/____/____

I want to volunteer the following days and times *

_____ Mornings _____ Afternoons _____ Evenings
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

I would like to volunteer in the following areas

_____ Classroom _____ Library _____ Campus Supervision _____ Parking Valet _____ After school
_____ SRLDP _____ Mentor _____ Early Education Center _____ Off Campus _____ Other

If others, please specify _____

Maximum number of hours I can serve each week* _____

(Note: If you volunteer more than 16 hours per week, you MUST be fingerprinted.)

Have you ever been convicted of a crime involving children? _____ Yes _____ No

If yes, please explain: _____

The Board of Education of the City of Los Angeles and the California State Board of Education require that all school volunteers and employees be tested for exposure to tuberculosis every four years. In accordance with Health and Safety Code 121545 volunteers must show proof of tuberculosis clearance within six months prior to volunteering. The initial examination must consist of a Mantoux skin test. Volunteers may be tested by their own physician.

I certify under penalty of perjury and in conformance with Education Code section 35021 that I am not required to register as a sex offender pursuant to Penal Code section 290. I understand that, in accordance with District Policy, school administrators will verify this information via the California Megan's Law database.

Volunteer Signature: _____ Date _____

Principal Signature: _____ Date _____

VOLUNTEER COMMITMENT

I agree to abide by the following:

1. I will sign in at the main office upon arrival and sign out when I leave for the day.
2. I will wear my volunteer badge at all times while participating in volunteer activities.
3. Except in case of emergency, I will give 24 hour notice when I cannot keep a scheduled assignment.
4. I will follow the dress code of the school.
5. I will only use the adult bathroom facilities.
6. I will never be alone with individual students unless supervised by a teacher or other school staff.
7. I will not contact students outside of school hours, or exchange contact information, without the written permission of the school staff and the student's parents.

8. If I have reason to suspect child neglect or abuse, I will report this immediately and confidentially to the principal.
9. I will treat all students, families, and employees with respect regardless of their race, gender, class, religion, sexual orientation, gender identity, disability, or immigration status.
10. I will treat all children equally.
11. I will not share confidential information with anyone inside or outside of the school without the written permission of the principal or other administrator.
12. I will report behavior problems to the teacher or other supervising school personnel.
13. I will respect the authority of all school personnel.
14. I will learn the rules regarding drills and emergencies and follow the direction of faculty or staff.

Volunteer Signature _____

Date _____