

## Volunteer Clearance Instructions

In order to ensure a safe experience for our students, and to comply with state laws, all California Reading Partners' volunteers (18+ years old) must (1) undergo a background check using the California LiveScan fingerprinting system and (2) show proof of negative TB. We encourage volunteers to begin the process as soon as possible. While it is not mandatory to complete these steps before the tutor orientation, volunteers will not be matched with a student until they have submitted the required documentation.

### Completing Your LiveScan Background Check:

1. Visit the CA Department of Justice website at <https://oag.ca.gov/fingerprints/locations> for a list of LiveScan locations. Because information changes often, we strongly recommend calling ahead to confirm hours and prices.
2. Print 2 copies of the "Reading Partners Request for Live Scan Service" form, found at the end of this document. This form allows your results to be confidentially shared with Reading Partners.
3. Bring the completed LiveScan documents and your government issued ID to the LiveScan location. (Acceptable forms of ID include: Driver's License or Identification Card, Military Identification Card, Passport, or Alien registration card.)
4. During your visit, ask the technician to sign the second form to serve as proof that you initiated the process. Make sure to save your receipt and one signed copy of the form!
5. Submit a copy of the signed LiveScan form following instructions on page 2.
6. Reimbursement is available for volunteers who submit receipts within 21 days of the LiveScan date, following the instructions for submitting documents below (up to \$30).

### Providing Proof of Negative TB:

Tuberculosis (TB) is a disease that is spread through the air from one person to another. California state law requires that all volunteers must show current proof of a negative TB results. Without this documentation, we cannot schedule volunteers for tutoring.

#### If you have been tested recently

1. Simply submit a photocopy of your TB card or medical records, documenting that you are negative for TB. Instructions for submitting documents are on page 2.

#### If you have not been tested recently

1. Print the **Adult Tuberculosis (TB) Risk Assessment Questionnaire**, found at the end of this document.
2. Visit a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse) who will complete the form and sign your Certificate of Completion. **NOTE:** Some health care providers can complete the form via email.
3. Save a copy of the form!
4. Submit your Certificate of Completion by following the instructions on page 2.

## Submitting Documents:

### 1. MANDATORY - LiveScan Background Check & Proof of Negative TB

EMAIL: You can email your background check and TB Certificate of Completion (or TB test results) as attachments to our confidential inbox: [sfbaoperations@readingpartners.org](mailto:sfbaoperations@readingpartners.org).

BRING TO TUTOR ORIENTATION: If you complete your background check or TB test or Certificate of Completion form prior to your tutor orientation, you are welcome to bring copies of your paperwork and submit in person to the presenter.

NOTES: We take the utmost responsibility to protect your confidential information. You can black out all sensitive information when you submit forms, such as your social security, driver's license number, and any confidential health details.

*This is the information we need to see on submitted documents:*

1. *Your legal name*
2. *Date of completion*
3. *Date of birth*
4. *Signature of technician / Healthcare provider information*

### 2. OPTIONAL - Reimbursement Request

If you would like reimbursement for your Livescan, please follow the link to complete this form. You will need to complete all fields and submit a copy of your receipt within 21 days of issue (eligible up to \$30). <https://goo.gl/forms/WSGzDdqYBijYF5833>

If you do not need reimbursement, we thank you very much for your generous in-kind donation. This means we can direct more of our funds towards books and supplies for the reading centers!

## Questions?

**Please don't hesitate to contact us if you have questions or concerns. A member of our staff can be reached at [sfbaoperations@readingpartners.org](mailto:sfbaoperations@readingpartners.org) or (510) 830-3032.**



### Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)



Name: \_\_\_\_\_

Date of Risk Assessment: \_\_\_\_\_

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

History of positive TB test or TB disease    Yes     No

If Yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire. \*  
If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

#### Risk Factors

1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue)  Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. <sup>2</sup>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Birth in high TB-prevalence country**  (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month  (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*\*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.  
<sup>2</sup> Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013.

(<http://www.cdc.gov/tb/publications/LTB/default.htm>)



## ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

### CERTIFICATE OF COMPLETION

*To be signed by the licensed health care provider completing the risk assessment and/or examination*

Name: \_\_\_\_\_

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

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

*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.*

Health Care Provider Signature

Please Print Health Care Provider Name

Title

Office Address: Street

City

State

Zip Code

Telephone

Fax



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AD383 VOLUNTEER  
 ORI (Code assigned by DOJ) Authorized Applicant Type  
VOLUNTEER  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

READING PARTNERS 06808  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
180 GRAND AVE SUITE 800 CATIE STEINMAN  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
OAKLAND CA 94612 (510) 830-3023  
 City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name First Name Middle Initial Suffix  
 Other Name (AKA or Alias) Last First Suffix  
 Date of Birth Sex  Male  Female Driver's License Number  
 Height Weight Eye Color Hair Color Billing Number N/A  
 (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

Your Number: \_\_\_\_\_  
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 \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Employer Name Mail Code (five digit code assigned by DOJ)  
 Street Address or P.O. Box  
 City State ZIP Code Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator Date  
 Transmitting Agency LSID ATI Number Amount Collected/Billed