

**Volunteer Application**  
**Hughes-Elizabeth Lakes Union School**  
**2019-2020 School Year**

Name of Volunteer \_\_\_\_\_

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

Teacher \_\_\_\_\_

**Please initial**

\_\_\_\_\_ I understand an automated sex offender background check will be conducted for all volunteers. This check will be conducted periodically through the Palmdale Sheriff Station. (Once you have been fingerprinted through HELUS you do not need to get fingerprinted again for HELUS.)

\_\_\_\_\_ I am attaching evidence that I am free from active tuberculosis.

\_\_\_\_\_ I have previously provided proof of tuberculosis clearance (that is still current) and would like to continue as a volunteer.

\_\_\_\_\_ I am attaching evidence of fingerprint clearance through DOJ

**OR**

\_\_\_\_\_ I agree to have the District do a fingerprint clearance before I will be allowed to volunteer with students.

**OR**

\_\_\_\_\_ I was fingerprinted through HELUS during the \_\_\_\_\_ school year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**District Office Only**

TB Clearance                      Date \_\_\_\_\_

Fingerprint Clearance              Date \_\_\_\_\_

Approved                              Date \_\_\_\_\_

Denied                                  Reason \_\_\_\_\_ Date \_\_\_\_\_



### REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9709  
ORI (Code assigned by DOJ)

Volunteer  
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:  
Hughes-Elizabeth Lakes USD  
Agency Authorized to Receive Criminal Record Information  
P.O. Box 530  
Street Address or P.O. Box  
Lake Hughes  
City State ZIP Code

04684  
Mail Code (five-digit code assigned by DOJ)  
Lori Slaven  
Contact Name (mandatory for all school submissions)  
661-724-1231  
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 \_\_\_\_\_ (Agency Billing Number)  
Misc. Number \_\_\_\_\_ (Other Identification Number)  
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 \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
Telephone Number (optional) \_\_\_\_\_

Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_

Date \_\_\_\_\_  
ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_