

# Clearlake Youth Center Volunteer Services Application Packet

## Steps to becoming a volunteer for: the Clearlake Youth Center



1. Pick-up a volunteer packet from the Clearlake Youth Center director.
2. A volunteer must undergo a fingerprint check through the California Department of Justice pursuant to Education code 45125. It is the policy of the Clearlake Youth Center that all volunteers pass a background check.

You currently have two choices as to where you get the fingerprinting completed. The cost is the same.

### Choice #1:

You may contact the UPS Store in Lakeport. They are in the Bruno's shopping center at 371 Lakeport Blvd., Lakeport, CA and they can be reached at (707) 263-6105. The best time to go is in the morning. It is best to call first.

### Choice#2:

Make an appointment to be fingerprinted at the Lake County Office of Education. They are located at 1152 South Main Street, Lakeport. Their phone number is (707) 262-4127. You must call in advance and make an appointment. They have limited staff, availability, and hours open to the public.

(see attached live scan applicant process for more detail)

3. A current TB test is required. You currently have two choices as to where to get the TB test completed. The cost is the same.

### Choice #1

At the Lake County Public Health Department by appointment only.  
Call (800) 794-9291. They are located at 922 Bevin Court, Lakeport, CA.

### Choice#2

Sutter Lakeside Health Clinic, 5196 Hill Road East, #300, Lakeport, CA  
Please call first and make an appointment (707) 263-6885.

4. Return the completed packet with TB results, proof of MMR and Tdap vaccine (or waiver) and a copy of your live scan submission to the Clearlake Youth Director.
5. You will be contacted regarding details when process is complete.

**Thank you for showing interest in our youth!**

## **Volunteer Checklist**

The following must be completed for each volunteer:

### **Volunteer checklist**

- \_\_\_\_\_ 1. Volunteer information form
- \_\_\_\_\_ 2. Criminal record statement and consent to get criminal record check
- \_\_\_\_\_ 3. TB (tuberculosis) Risk Assessment form
- \_\_\_\_\_ 4. Volunteer handbook which includes description of duties
- \_\_\_\_\_ 5. Volunteer code of conduct policies
- \_\_\_\_\_ 6. Drug/Alcohol Testing Consent Form
- \_\_\_\_\_ 7. Confidentiality form
- \_\_\_\_\_ 8. Confirmation that volunteer has passed the background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Clearlake Youth Center

### Volunteer information form

The Clearlake Youth Center relies upon volunteers to provide comprehensive services to children. While most of the volunteers are parents/guardians of children, community volunteers are also encouraged to participate in the volunteering efforts. Safety and liability considerations require that we obtain certain information.

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

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Emergency telephone:** \_\_\_\_\_

**Driver's license#** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Area of interest or expertise:**

\_\_\_\_\_

#### References:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Cleared to work at the Clearlake Youth Center:    Yes        No

\_\_\_\_\_  
Signature of Executive Director

Clearlake Youth Center



## 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):**

**Telephone and FAX:**

## Criminal record statement and consent to do criminal record check

Although the vast majority of volunteers are law abiding citizens, our concern for the safety of the children requires us to obtain record information. Volunteers who do not have a fingerprint clearance cannot be left unsupervised with children under any circumstances.

Have you ever been convicted of a crime? (Excludes any minor traffic violations for which the fine was \$100 or less)

Yes

No

If yes, list the crimes that you have been convicted of by date, Penal Code number, and indicate the nature and circumstances of the crimes. Also provide the place of where the crime was committed. (Attach additional sheet if needed).

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

Penal Code: \_\_\_\_\_

Nature of circumstances and place:

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

Penal Code: \_\_\_\_\_

Nature of circumstances and place:

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

Penal Code: \_\_\_\_\_

Nature of circumstances and place:

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I declare under penalty and perjury that the above information is correct, true, and complete. I consent to a criminal record check by the Clearlake Youth Center, the Department of Justice, and the Lake County Sheriff's Department/ local law enforcement agencies.

Executed at: \_\_\_\_\_ (city), California on \_\_\_\_\_ (date)

Signature

Print Name

Clearlake Youth Center



## Confidentiality statement

I understand that personnel information and records concerning staff, volunteers, children, youth and students are confidential. I agree not to disclose any confidential information to the community, or member of the public via any method such as social media (facebook, twitter, linkedIn, instagram, you tube & etc.), printed materials or verbal conversations.

It is the policy of the Clearlake Youth Center to hold people's confidential information regarding their life, situation or circumstances as personal and confidential. Confidential information may only be shared with other Clearlake Youth Center staff upon a need to know basis. Information from confidential records will only be released to a person outside the Clearlake Youth Center by the Executive Director when authorized to do so.

I have read the above statement and agree to abide by it.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Clearlake Youth Center

## **Drug/Alcohol Testing Consent Form**

Clearlake Youth Center

I, \_\_\_\_\_ give my consent to authorize Clearlake Youth Center and the testing laboratory designated to conduct tests deemed necessary, on an ongoing basis, to determine the absence or the presence of alcohol, heroin, cocaine, cannabis, amphetamines or any new drug &/or substance in my body through the use of urine or blood samples as specified Clearlake Youth Center Policy and Procedures.

I give my consent to release the results of the test(s) and other medical information from the laboratory to the Clearlake Youth Center as a prerequisite to employment or as a continuation of employment to satisfy the centers drug-free policy.

I understand that if I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or my current employment may be subject to immediate termination.

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Signature of Applicant/Employee

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Date

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Executive Director

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Date



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AM492

ORI (Code assigned by DOJ)

VOLUNTEER / VCA

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:

LAKE COUNTY YOUTH SERVICES

Agency Authorized to Receive Criminal Record Information

22944

Mail Code (five-digit code assigned by DOJ)

4750 GOLF AVENUE

Street Address or P.O. Box

LOREN P. FREEMAN (Custodian of Record)

Contact Name (mandatory for all school submissions)

CLEARLAKE

City

CA

State

95422

ZIP Code

(707) 994-5437

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

(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 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

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





## 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

## LIVE SCAN APPLICANT PROCESS

Some of the important things to remember when appearing for fingerprints are:

1. Make an appointment at the Lake County Office of Education (LCOE) by calling (707) 262-4127. Please be prompt. If you are more than 15 minutes late your appointment will be forfeited, and you will need to reschedule. Appointments can be made Monday through Thursday. Walk-in applicants ARE NOT accepted. If you need to cancel, please give LCOE a call at least 24 hours prior to your appointment so that they may reschedule another applicant.
2. Fees: Applicants are responsible for all fees.
  - **\$25.00** Rolling fee for each fingerprint submission.
  - \$25.00 Total fees**

All fees are due at the time of service.

**\*\*\* BRING THE ORIGINAL RECEIPT TO THE YOUTH CENTER FOR REIMBURSEMENT \*\*\***

- If you wish to be reimbursed for the background check and T.B. test, you must complete a reimbursement request form **within 30 days** and submit it to our office for review.
- **After 30 days**, the reimbursement will no longer be an option and the fees will be considered a donation to the LCYS.

Acceptable forms of payment:

1. Cash (exact change only)
2. Traveler's checks
3. Cashier checks or money orders (payable to Lake County Office of Education).

**NO PERSONAL CHECKS ARE ACCEPTED**

3. **Bring this completed packet** to The Clearlake Youth Center, and they will supply you with the "request for live scan service", applicant submission form. Please make sure to complete entire applicant section of the form before your appointment.

4. Bring a valid photographic I.D. **Acceptable forms of I.D. are:**

- Driver's license
- Military I.D.
- California identification Card
- Passport

5. **Fingernails:** Extremely long or curved fingernails may prevent the fingers from properly contacting the printing plate and may need trimming.

**Bandages or injured fingers:** Applicants may need to reschedule their appointment until the injured or bandaged finger can be fingerprinted.

6. **Location:** 1152 S. Main Street. Lakeport, Ca. Take the Lakeport Blvd./ Todd Road exit off highway 29. Head east (toward the lake), at the stop sign (you are looking directly at the Lake County Office of Education ahead). You turn left, and take an immediate right on K street, then right into the parking lot.

All prints are taken electronically and transmitted **ONLY** - NO hard copy is supplied.