



OFFICE OF EQUITY, ACCESS,  
COLLEGE & CAREER READINESS  
Volunteers in Public Schools



Date submitted to site: \_\_\_\_\_  
 Date submitted to District VIPS Office: \_\_\_\_\_  
 Current VIPS: Yes  No  - School: \_\_\_\_\_  
 Current District employee Yes  E00 \_\_\_\_\_



**VIPS APPLICATION-PRESCHOOL**  
**APPLICATIONS ARE REQUIRED EVERY 4 YEARS**

**QUESTIONS CONCERNING APPLICATION SHOULD BE DIRECTED TO THE SITE VIPS COORDINATOR**

**Contact Information (PLEASE PRINT)**

Name \_\_\_\_\_ ( ) \_\_\_\_\_  
 Last First M. I. Phone #

Home Address \_\_\_\_\_  
 Street Apt. City Zip Code

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Government-Issued **Unexpired** Photo ID \_\_\_\_\_ (Please attach a copy of your photo ID, e.g. California Driver's License, California ID, Military ID, Passport or International ID. **Picture must be clear**)

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Personal Information**

Have you ever had tuberculosis? (**Not a TB Test**) Yes  No  If answer is "yes," when? \_\_\_\_\_

Have you ever had a positive skin test (PPD) Yes  No  If answer is "yes," when? \_\_\_\_\_

**PLEASE ATTACH A COPY OF TB TEST RESULTS OR TB RISK ASSESSMENT QUESTIONNAIRE  
 CERTIFICATE OF COMPLETION TO APPLICATION—  
 MUST SHOW DATE GIVEN, DATE READ, RESULTS AND THE NAME OF MEDICAL FACILITY**

Can you perform the work of the position with or without accommodation? Yes  No

In case of an emergency, please notify: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**Senate Bill No. 792 – California Daycare Immunization Requirements for Adults**

As of September 1, 2016, all staff and volunteers working with preschool aged children must have proof of a measles and pertussis vaccination, also known as whooping cough vaccination, or proof of immunity from a medical professional. For the influenza vaccine, commonly known as the flu shot, all staff and volunteers must receive this vaccination between August 1 and December or complete a refusal declaration each year. Proof of Tuberculosis (TB skin test) clearance is required.

**Measles:**

Date vaccination was administered \_\_\_\_\_  
 Tests on \_\_\_\_\_ indicate current immunity to disease

**Pertussis:**

Date vaccination was administered \_\_\_\_\_

**Influenza:**

Date vaccination was administered \_\_\_\_\_  
 Declined immunization

If declining an influenza vaccination please write a statement:

**Tuberculosis:**

Date TB test was given: \_\_\_\_\_  
 Date TB test was read: \_\_\_\_\_  
 Positive  Negative  
 X-ray required (if positive result)  
 X-ray date: \_\_\_\_\_  
 Positive  Negative  
 Risk Assessment Date: \_\_\_\_\_

Patient is exempt from the requirements of this section due to a physical condition or medical circumstances where immunization is not safe

Name of Physician & Physician Stamp	Telephone Number	Physician Signature
	Date:	

*Application continues on next page. Please read and complete all pages.*

**LONG BEACH UNIFIED SCHOOL DISTRICT  
REPORT OF CONVICTIONS AND FINGERPRINTING FOR VOLUNTEERS**

**ALL VOLUNTEERS WHO WILL PROVIDE SERVICES TO THE DISTRICT AND HAVE DIRECT INTERACTION WITH STUDENTS WITHOUT THE DIRECT SUPERVISION OF A CREDENTIALLED EMPLOYEE MUST BE FINGERPRINTED.**

PRINT NAME (LAST, FIRST AND MIDDLE)	SOCIAL SECURITY NUMBER
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The District appreciates your interest in serving its students and schools in a volunteer capacity. In order to protect its students, please note that, prior to your being considered for volunteer services, the District may require potential volunteers who have prior convictions to provide a certified copy of all relevant records including, but not limited to, conviction reports, probation reports, and other related court records. A conviction does not necessarily disqualify you from volunteering.

**FAILURE TO ITEMIZE ALL CONVICTIONS IS CAUSE FOR YOUR DISQUALIFICATION. IF YOU DO NOT FULLY DISCLOSE SUCH INFORMATION ON THIS FORM NOW, IT IS CAUSE FOR REJECTION FROM VOLUNTEER SERVICES.**

**PLEASE READ THE FOLLOWING NOTES CAREFULLY:**

Please list below any and all convictions, including misdemeanors and/or felonies, you received at any time during your lifetime. The term "conviction" includes a plea or verdict of guilty or finding of guilt by a court in a trial without a jury, or a conviction following a plea of nolo contendere. If you have been convicted of any criminal offense, please specify and explain all convictions on this form. You must report all convictions for sex and/or drug offenses specified in Education Code sections 44010 and 44011 and any convictions for serious or violent felonies specified in Penal Code sections 667.5 and 1192.7. Any convictions set aside pursuant to Penal Code section 1203.4 must be disclosed, as such convictions are by law convictions for the purpose of this question (see Education Code section 44009). A conviction will not necessarily result in automatic disqualification. You are solely responsible for making the determination of whether a conviction must be disclosed. District staff cannot and will not assist you. Failure to report an otherwise reportable conviction will not be excused by your misunderstanding of the law.

**HAVE YOU, AS A JUVENILE OR ADULT, EVER BEEN CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, OR SENTENCED, IN ANY CIVIL, CRIMINAL, OR MILITARY COURT, OR HAVE YOU EVER FORFEITED BAIL?    NO  YES**

Name of Offense (Explain in detail on back of this form. Use additional pages if necessary )	Offense Code #	Date Mo/Yr	Location (City & State)	Misdemeanor or Felony?	If Imprisoned How long?	If Fined \$ Amount	If Probation From--- To----

**HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?    NO  YES**   
If YES, **explain**, including **when, where** it occurred, the **outcome**, **AND** attach **H6** DMV report.

**EXPLANATION OF CONVICTION:**

Please use the next page to write about the offense(s) for which you were convicted. Explain in detail, the incident(s) and the surrounding circumstances, outcome, etc. Make sure the information you provide matches the convictions on this form.

**EXPLANATION OF EVENTS: (You may attach other pages, if necessary):**

**PLEASE READ BELOW BEFORE SIGNING:**

I declare that I have read and understand all of the questions and statements listed on all pages of this Report of Convictions form and the answers I have given are true, correct, and complete. I understand it is my responsibility to list any and all convictions, and that anything I may have forgotten or failed to list will result in rejection as a volunteer. I have listed all of my convictions.

*I understand that it is district policy for me to wear my VIPS badge at all times when I am on campus. The badge is the property of LBUSD, and it should be kept on site at all times. I agree not to take the badge home nor loan it to others. I agree to sign in and out each time I am on campus as a volunteer. I agree to keep confidential information about students' academic and behavioral performance in the classroom(s) where I volunteer my time.*

**SIGNATURE OF APPLICANT**

**DATE SIGNED**

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**FOR SCHOOL USE ONLY:**  
**KEEP COPY OF ALL DOCUMENTS ON FILE**

Application reviewed by site VIPS coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Application checked for completeness and accuracy . Proof of TB test  and current Photo ID  are attached.

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_