

Working Volunteer Name: \_\_\_\_\_ Student(s) Name: \_\_\_\_\_



## Tustin Community Preschool Working Volunteer Checklist 2024-2025

*Please print single-sided. Thank you!*

### For Each Working Volunteer's File:

- #1W Standards of Conduct Policy for Working Volunteers
- #2W Statement Acknowledging Requirement to Report Suspected Child Abuse
- #3W Health Screening Report; Date of screening: \_\_\_\_\_ (good for 2 years)
- (on 3W) TB Test; Date of test: \_\_\_\_\_ (good for 4 years)
- #5W Influenza Vaccination, dated between Aug 1, 2024 and Dec 1, 2024  
(proof of this requirement to be submitted after packet deadline due to date restrictions)
- #6W Pertussis Vaccination
- #7W Measles Vaccination (or proof of birth before 1957)
- #8W COVID Acknowledgement
- #9W Live Scan Fingerprinting Form Copy/Receipt
- #10W Criminal Record Statement
- #11W Copy of Valid Identification; Expiration: \_\_\_\_\_
- Online Form (Link: <https://forms.gle/snhzKryeMiXBqaLW6>, or scan QR Code)



*The Student Admissions Packet and at least 1 Working Volunteer Packet need to be returned **fully** completed by June 5, 2024.  
\$25 Credit to be applied pending review by Membership.*

**HEALTH SCREENING REPORT - FACILITY PERSONNEL****3W**

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

**A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.**

FACILITY NAME

FACILITY ADDRESS

PERSON'S NAME

AGE

POSITION TITLE

TYPE OF FACILITY

WORK DAYS PER WEEK

WORK HOURS PER DAY

DUTY STATEMENT

## TYPES OF PERSONS SERVED (Check appropriate items)

- Infants       Adults       Developmentally Disabled       Physically Handicapped
- Children       Elderly       Mentally Disordered       Drug/Alcohol Addiction
- Other (specify) \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE

ADDRESS

DATE

**NOTE TO PHYSICIAN:** Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST

 POSITIVE

ACTION TAKEN (IF POSITIVE)

 NEGATIVE

DATE OF HEALTH SCREENING

NAME OF PHYSICIAN (PHYSICIAN'S STAMP)

DATE

HEALTH SCREENING BY: (ORIGINAL SIGNATURE)

TELEPHONE #

DATE



## 2024 - 2025 Influenza Vaccination

# 5W

Tustin Community Preschool has recommended that I receive the influenza vaccination.

### ***Intention to vaccinate***

I, \_\_\_\_\_ (print name) plan to receive the influenza vaccine when it becomes available and before December 1st of this year. Proof of vaccination will be put on file, in addition to this form, at that time.

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

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### ***Declining the vaccine***

I, \_\_\_\_\_ (print name) I am choosing to decline the influenza vaccination, this year.

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

**CRIMINAL RECORD STATEMENT & OUT-OF-STATE DISCLOSURE**

*State law requires that persons associated with licensed care facilities, Home Care Aide Registry or TrustLine Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.*

**Have you ever been convicted of a crime in California?**

YES  NO

*You do not need to disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.*

**Have you ever been convicted of a crime from another state, federal court, military, or jurisdiction outside of U.S.?**

YES  NO

*You do not need to disclose convictions that were a result of one's status as a victim of human trafficking and that were dismissed pursuant to Penal Code Section 1203.49, nor any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7. However, you are required to disclose convictions that were dismissed pursuant to Penal Code Section 1203.4(a).*

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

*For Children's Residential Facilities, not including Foster Family Agency Staff, Youth Homelessness Prevention Centers, Private Alternative Boarding Schools, Private Alternative Outdoor Program, or Crisis Nurseries:*

**Have you lived in a state other than California within the last five years?**

YES  NO

If yes, list each state below and then complete an LIC 198B for each state:

You must check yes to the corresponding question(s) above to report every conviction (including reckless and drunk driving convictions), you have on your record even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT REPORT ON THIS FORM BY CHECKING YES, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY.

If you move or change your mailing address, you must send your updated information to the Caregiver Background Check Bureau within 10 days to:

Caregiver Background Check Bureau  
744 P Street, M/S T9-15-62  
Sacramento, CA 95814

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

FACILITY/ORGANIZATION/AGENCY NAME:

FACILITY/ORGANIZATION/AGENCY NUMBER:

YOUR NAME (print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER:  
(See Privacy Statement on Page 3):

DRIVER'S LICENSE NUMBER/STATE:

DATE OF BIRTH:

SIGNATURE:

DATE:

**Instructions to Licensees:**

If the person discloses that they have ever been convicted of a crime, maintain this form in your facility/ organization personnel file and send a copy to your Licensed Program Analyst (LPA) or assigned analyst.

**Instructions to Regional Offices and Foster Family Agencies:**

If 'Yes' is indicated in any box above, forward a copy of this completed form (and the LIC 198B, as applicable) to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

If 'No' is indicated above in all boxes, keep this completed form in the facility file.

10W



# Copy of Valid Identification

# 11W

-affix copy here-

please also write child's  
name on back of photo