



EL CAMINO REAL CHARTER HIGH SCHOOL
A California Distinguished School

www.ecrchs.net

VOLUNTEER PROCESSING LIST

Volunteer service may begin only after all items have been submitted and approved.

- Confidentiality Agreement
- Fingerprint Clearance (LiveScan)
- Tuberculosis Clearance
- Volunteer Application



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All El Camino Real Charter High School (ECRCHS) volunteers must go through a screening process for the safety of students and volunteers alike. Prospective volunteers must complete the following steps:

1. Pick up a volunteer application packet at the school's Main Office during school hours, or on the school website at <http://ecrchs.net/volunteers/>.
2. Complete the volunteer application packet:
 - a. Obtain a LiveScan fingerprint scan. Please note that it typically takes at least 48 hours before LiveScan results are received; volunteers may not volunteer until LiveScan results are received.
 - b. Complete Tuberculosis (TB) Risk Assessment Questionnaire. This Questionnaire must be filled out by a qualified healthcare professional.
 - c. Sign Confidentiality Statement.
3. Submit completed volunteer packet to the Main Office.
4. Once all information is received, including LiveScan result, the volunteer must undergo two (2) online training videos. An email with a link to the website (<https://ecrchs-ccsa.safeschools.com/>) will be sent to each volunteer.
 - a. Bloodborne Pathogens
 - b. Mandated Reporter: Child Abuse and Neglect
5. Once all of the steps listed above are complete, the volunteer will be notified and an identification badge may be obtained at the Main Office.



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VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer at El Camino Real Charter High School (ECRCHS or the School), the undersigned (Volunteer) agrees to the following:

- 1. Compliance with School Policies:** Volunteer has received and reviewed a copy of all ECRCHS policies and/or rules regarding the confidentiality of School information, specifically including, but not limited to, confidential student or personnel information, student records, health records, or any other information provided to the Volunteer that is confidential in nature (the Confidential Information). Volunteer agrees to comply with all such policies and rules.
- 2. Limited Use of Confidential Information:** Volunteer agrees to limit access to and use of Confidential Information, especially student records, as needed and only to extent necessary to perform any legitimate duties as a volunteer.
- 3. Non-Disclosure of Confidential Information:** Volunteer understands that Confidential Information cannot lawfully be released to third parties without specific written authorization. Volunteer agrees not to disclose or release any such information unless specifically authorized to do so by qualified School staff.
- 4. Safeguarding Confidential Information:** should Volunteer obtain access to any Confidential Information, Volunteer agrees not to transmit, disclose, copy, release, alter, destroy, or otherwise affect such Confidential Information in any way, except as expressly authorized by School staff and solely within the scope of Volunteer's duties. Moreover, Volunteer agrees not to disclose any login or password information that Volunteer may have obtained, to any unauthorized third parties. Volunteer also agrees not to remove any Confidential Information from the School unless specifically authorized by a School official to do so.
- 5. Immediate Reporting of Any Known Security Breaches:** Volunteer agrees to immediately report any known or suspected breaches or any activities the Volunteer suspects may compromise the confidentiality of the Confidential Information.
- 6. Continuing Confidentiality Obligation:** Volunteer acknowledges that the obligations under this Agreement continue even after Volunteer ceases any volunteer work for ECRCHS.
- 7. Compliance with Computer Use Policy:** if Volunteer is given access to a School computer which allows access to any Confidential Information, Volunteer agrees to comply with all School Computer Use policies and protocols, including, but not limited to, using the computer only for School-related matters, not saving any passwords provided, and logging off once finished.

8. Consequences for Unauthorized Release of Confidential Information:

Volunteer understands that the unauthorized disclosure of Confidential Information may cause serious consequences and may constitute a violation of California or Federal laws which may lead to civil liability resulting in significant monetary and non-monetary damages.

Volunteer acknowledges that he/she has had opportunity to review this Agreement prior to execution of same, and that he/she is entering in this Agreement voluntarily and of his/her own free will.

VOLUNTEER

Date: _____

Signature

Print Name: _____

El Camino Real Charter High School Approval:

Date: _____

ECRCHS Representative Signature

Print Name: _____



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LIVE SCAN AND TUBERCULOSIS CLEARANCE

All El Camino Real Charter High School (ECRCHS) volunteers are responsible for obtaining LiveScan fingerprinting and the Adult Tuberculosis (TB) Risk Assessment Questionnaire (the Questionnaire).

LiveScan: ECRCHS recommends obtaining the LiveScan service at Box It Plus, 22845 Ventura Boulevard, Woodland Hills, CA 91364. The cost for the LiveScan is \$21.00, which is paid by the Volunteer. ECRCHS covers the charge from the Department of Justice.

BOX IT PLUS ★
5.0 ★★★★★ 3 Google reviews
Fingerprinting service in Los Angeles, California

Website Directions

Address: 22845 Ventura Blvd, Woodland Hills, CA 91364
Hours: Open today · 9AM–5PM
Phone: (818) 224-3155
Suggest an edit

Know this place? Answer quick questions

BOX IT PLUS on Google

Walk-in and use it. 10% OFF *excludes government fees
3 days ago

Learn more

Notary, Livescan, Shipping
10% off
22845 Ventura Blvd
Woodland Hills, CA 91364
www.boxitplus.com

Map labels: TaxMac Financial, LLC, The Postal Place, BOX IT PLUS, 24-7 M Notary, PostalAnnex+

TB Clearance: TB clearance may be obtained at ECRCHS’s Health Office free of charge. Volunteer may also obtain TB clearance by having the Questionnaire completed by a health care professional of his/her own choosing.



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VOLUNTEER APPLICATION

First Name Last Name / /
Birth Date (Month/Day/Year)

Address City State Zip Code

Phone Number (Specify Home or Cell) E-Mail Address (please print legibly)

_____ Emergency Contact Name Relationship Phone Number
_____ Emergency Contact Address City State Zip Code

Are you related to a current student?
If so:

Name _____	Relationship _____	Grade _____
Name _____	Relationship _____	Grade _____
Name _____	Relationship _____	Grade _____

Please list (2) references (not relatives):

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____

Volunteer Signature Date