



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



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

**Contact Information**  
*(PLEASE PRINT)*

Date Submitted to Site: \_\_\_\_\_  
Date Submitted to District VIPS Office \_\_\_\_\_  
Current VIPS: Yes  No

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

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

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

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)**

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

School \_\_\_\_\_

**SPECIAL PROGRAMS:**  
Intern: Yes  No  **All interns require fingerprinting**  
Working with Students: Yes  No   
Special Program: \_\_\_\_\_  
Other: \_\_\_\_\_

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

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

**Personal Information**

Have you ever had tuberculosis? **(Not 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 # \_\_\_\_\_ Cell # \_\_\_\_\_

Are you now, or have you ever, been a VIPS? Yes  No  Which School? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been a District Employee? Yes  No  If answer is "yes," when? \_\_\_\_\_

Where did you work? \_\_\_\_\_

**FINGERPRINTS ARE REQUIRED FOR BEFORE SCHOOL OR AFTER SCHOOL VOLUNTEERS**

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? Yes  No

Do you have any pending arrests? Yes  No

Are you currently on probation? Yes  No

If yes, when will your probation end? \_\_\_\_\_

If you answered YES, **list all offenses on the back**. Please indicate if an arrest is pending. You must include minor traffic violations (if they resulted in the issuance of a warrant), drunk driving convictions and convictions dismissed following probation.

Please note that those applications showing convictions **require court papers to be attached to the application** and will require additional time to clear. Any questions concerning these applications can be directed to: Sharon Lazo-Nakamoto – (562) 997-8307

## EXPLANATION OF CONVICTION(S)

Please use this form to list the offense(s) for which you were convicted. Provide the Penal Code and type of offense; explain in detail the date the offense occurred, the incident itself and the outcome. (i.e. Did you pay a fine? How much? Were you on probation? When did it end or are you still on probation? Include such information as "still pending" if you have not received a judgment.) **Please attach court papers.**

Penal Code #	Type of Offense	Date Occurred	Place Occurred	Sentence of Fine

*I understand the information contained on this document is subject to verification and a background investigation will be done in order to ensure that I am a suitable candidate to be a volunteer for the Long Beach Unified School District (LBUSD). Should any false or derogatory information be found, I could be disqualified from participation as a volunteer for the LBUSD.*

*Having completed an application for the position of volunteer for the LBUSD, and desiring them to be informed as to my previous record and character determining my qualifications and suitability, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the LBUSD.*

*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 to not 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.*

**Senate Bill No. 791 – 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 by a medical professional. For the influenza vaccine, commonly known as the flu shot, all staff and volunteers must receive this vaccination between August 1<sup>st</sup> and December 1<sup>st</sup> 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	Physician Signature	Telephone Number
	Date:	

VIPS Printed Legal Name \_\_\_\_\_ Date \_\_\_\_\_

VIPS Applicant Legal Signature \_\_\_\_\_ Date \_\_\_\_\_



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

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

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

School \_\_\_\_\_