

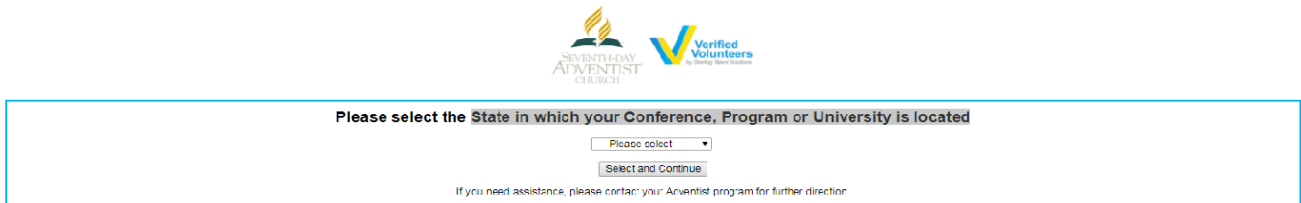


Registration Instructions Adventist Child Protection Screening

[Click here](#) for a detailed video on the registration process

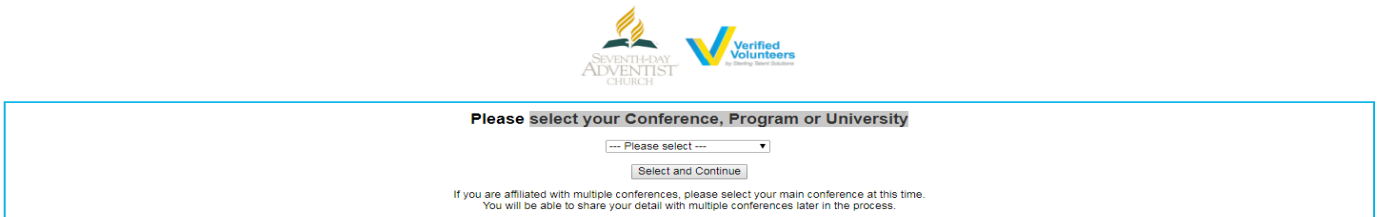
Step 1: Go to www.ncsrisk.org/adventist and click on the first-time registrant button.

Step 2: Select the state in which your Conference, Program or University is located. CA - California



The screenshot shows the registration form for Step 2. At the top, there are logos for the Seventh-day Adventist Church and Verified Volunteers. Below the logos, the text reads: "Please select the State in which your Conference, Program or University is located". There is a dropdown menu with "Please select" and a "Select and Continue" button. Below the button, it says: "If you need assistance, please contact your Adventist program for further direction".

Step 3: Select your Conference, Program or University. Southeastern California Conference



The screenshot shows the registration form for Step 3. At the top, there are logos for the Seventh-day Adventist Church and Verified Volunteers. Below the logos, the text reads: "Please select your Conference, Program or University". There is a dropdown menu with "Please select" and a "Select and Continue" button. Below the button, it says: "If you are affiliated with multiple conferences, please select your main conference at this time. You will be able to share your detail with multiple conferences later in the process."

Step 4: Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name.



The screenshot shows the registration form for Step 4. At the top, there are logos for the Seventh-day Adventist Church and Verified Volunteers. Below the logos, the text reads: "Please create a user id and password that you will use to access your account". There are two input fields: "Create a User ID:" and "Create a Password:". Below the fields is a "Continue" button. Below the button, there is a note: "Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long. Your password must be at least 8 characters long." Below the note is a link: "Important note about selecting passwords".

Step 5: Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

Step 6: Select your role(s) within the organization (multiple may be selected).

Step 7: Click on the green circle to begin the online training. Upon completion, the last screen will allow you to print a certificate. (This option will depend on your conference)



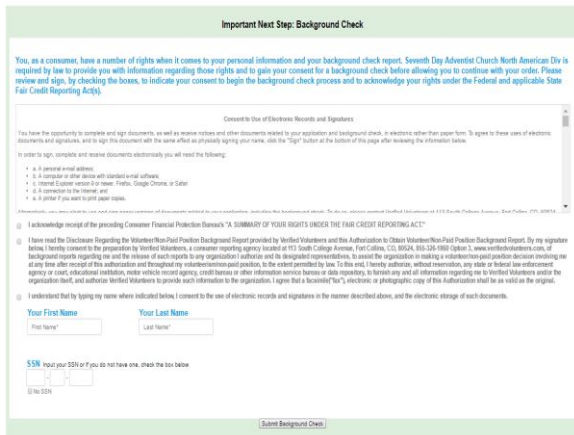
Additional Details:
Once the online training and the submission of your background check is completed, you can [login to your account](#) and click on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date. You can also access 'Update My Account' to update your personal information.

Step 8: Please read the instructions regarding the details of the online training and then proceed. Select 'Click Here' to begin the online training (Note: Training can take up to one hour).

Step 9: Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process (Note: The background check will only take 5-10 minutes).



Step 10: From there, you should be automatically routed to a page with the consent form to be read and some information to be filled out, which will look like this: (depending on the background check package associated with your role)



Additional Background Check Information:

- Enter your full LEGAL name – Not an alias or nick name
- You will be giving consent to run the background check on Step 3
- The Fair Credit Reporting Act governs all background checks – We are NOT checking your credit report. Use of the word “credit” references the law. You can print a copy of that consent form.

Step 11: Review and complete the consent form

***** On the digital signature portion, kindly make sure to enter the same name format that you have entered initially on the Registration Process as the system is made to be very case sensitive.**

Step 12: Confirm the information is correct and click submit. Once the background check has been successfully processed you will be notified via email.

The Office of Education, Southeastern California Conference of Seventh-day Adventists, believes it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. We want others to feel comfortable and confident with your involvement with our students as a school volunteer.

School Volunteer Commitment

I recognize that working with children and youth is not only a privilege, but also a serious responsibility that must be approached with utmost care.

Therefore:

I will . . . cooperate with the school by being a volunteer who is caring, kind, firm, and always thoroughly professional.

I will . . . model Christian behavior and language.

I will . . . respect the privacy and honor the confidentiality of students, families and staff.

I will . . . provide appropriate supervision at all times, never leaving unattended a student or group of students for whom I am responsible.

I will . . . affirm student's behavior with appropriate comments.

I will . . . follow the discipline guidelines given to volunteers, abstaining from corporal punishment and from any form of physical or verbal abuse or harassment.

I will . . . avoid all situations where I would be alone with one student.

I will . . . use responsible judgment if any physical contact is appropriate or necessary.

I will . . . always assist students in a room or area where I am easily visible to others.

I will . . . cooperate with the volunteer screening process as required by the school.

I, the undersigned, have read this document and agree to abide by the School Volunteer Commitment outlined above. I will be given a copy of this document and keep it for reference.

As a volunteer I understand that there is no payment and no employment relationship.

School – Loma Linda Academy ~ E ____ JH ____ HS ____

Name _____ Cell Phone _____

Student Name _____ Student Name _____

Student Name _____ Student Name _____

Signature _____ Date _____

LOMA LINDA ACADEMY

VEHICLE TRANSPORTATION INFORMATION – VOLUNTEER CARS

Today's Date _____

Driver's Name _____ (*must be at least 21 years of age*).

Driver's Phone No. _____

Driver License No. _____ Phone No. _____

Auto Make _____ Model _____ Year _____

Registration No. (License Plate) _____

CA Driver's License No. _____

No. of Passenger Seat Belts _____ (*Children must be secured by either a federally approved child passenger restraint system or a safety belt depending on their height and age. Go to www.dmv.ca.gov to view the current CA Driver Handbook – Occupant Protection requirements*).

Insurance Company _____ Policy No. _____

Insurance Agent _____ Phone No. _____

Coverage Must Include:

\$15,000/\$30,000/\$5,000	California Minimum Requirement
\$100,000/\$300,000/\$50,000	Recommended
\$250,000/\$500,000/\$50,000	Strongly Recommended

Insurance effective dates from _____ to _____

(Attach copy of current coverage)

Emergency Contact Name _____

Relationship _____ Phone No. _____

The above information is true and correct. I understand that as a parent driver it is my responsibility to maintain insurance coverage and a valid driver's license throughout the school year. If there is any change in my insurance coverage or driving status, I will update this information with Loma Linda Academy.

Signature

Date



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3184
ORI (Code assigned by DOJ) _____ Volunteer
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:
SOEAST CONF SDA
Agency Authorized to Receive Criminal Record Information _____ 03649
Mail Code (five-digit code assigned by DOJ) _____
11330 Pierce Street
Street Address or P.O. Box _____ Kathi Christenson
Contact Name (mandatory for all school submissions) _____
Riverside CA 92505
City State ZIP Code _____ (951) 509-2311
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 _____ APPLICANT MUST PAY
(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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) _____

If re-submission, list original ATI number:
(Must provide proof of rejection) _____ Original ATI Number _____

Employer (Additional response for agencies specified by statute):
LEAVE THIS SECTION BLANK
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 _____

SOUTHEASTERN CALIFORNIA CONFERENCE OF SDA
OFFICE OF EDUCATION

VOLUNTEER SERVICES

NAME: _____ DATE: _____
ADDRESS: _____ HOME PHONE: _____
_____ CELL PHONE: _____
ASSIGNMENT: _____ DEPARTMENT: _____
BEGINNING DATE: _____ ENDING DATE: _____
SCHOOL: _____

As a volunteer I understand that there is no payment and no employment relationship.

Volunteer Signature *Date* *Department Director Signature* *Date*

PLEASE FILL OUT THE TOP PART OF THIS FORM COMPLETELY, INCLUDING SIGNATURES

*** **

Background Check Fees: Rolling Fees vary according to individual Live Scan agencies. Call the agency nearest you to make an appointment and for information about payment.

FBI Clearance is required if individual has been a California Resident for less than 2 years.

Mail completed form to:
**Southeastern California Conference of SDA
Office of Education
P.O. Box 79990
Riverside, CA 92513**

INFORMATION	
DOB:	_____
SSN:	_____
CDL:	_____
ATI:	_____
State Cleared:	_____
FBI Cleared:	_____
Date of Submission:	_____

Notification from the Department of Justice on the dates notated above show "NO FURTHER INFORMATION FROM FBI/DOJ FILES MEETING DISSEMINATION CRITERIA".

(A copy of this form will be sent to the school listed above when LiveScan results have been received.)



Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____

Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If no, continue with questions below.

If there is a “Yes” response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)



ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____

Date: _____

Date of Birth: _____

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.

Health Care Provider Signature

Please Print Health Care Provider Name Title

Office Address: Street City State Zip Code

Telephone Fax