



Pacific Charter Institute

Volunteer Process:

Thank you for your interest in becoming a volunteer with Pacific Charter Institute: Heritage Peak Charter School, Rio Valley Charter School, Valley View Charter Prep, Sutter Peak Charter Academy and New Pacific Charters.

In order for you to begin volunteer services with PCI you will need to be fingerprinted with the Department of Justice and clear a background check. Please use the Live Scan form below to complete your fingerprints (make sure you get a separate receipt) and email the Site Assistant or Manager at the school you would like to volunteer with when you have completed. In addition to the fingerprint clearance, you will need to provide a Tuberculosis ("TB") clearance.

Once you have completed these forms, please email copies of the following to the Site Contact:

- Completed Volunteer Form
- Completed Live Scan Form
- Completed Fingerprint Reimbursement Form
- Receipt of payment for Live Scan
- Copy of valid driver's license or CA ID
- TB clearance (negative TB test results or risk assessment form from your health professional or our district school nurse)

Once you have emailed the completed required documents and your background check clears you will receive notification with information about when you may begin volunteering with PCI.

If you have any questions or concerns, please feel free to contact the Site Assistant or the Manager at the school you would like to volunteer for.

Heritage Peak



RIO VALLEY
CHARTER SCHOOL



Pacific Charter Institute



Sutter Peak
CHARTER ACADEMY

Volunteer Form



2241 Harvard St. | Suite 310 | Sacramento, CA 95815 | ph 866.992.9033

Date _____

Name _____

Contact Phone Number _____

E-Mail _____

Mailing Address _____

Emergency Contact Name and Phone # _____

School Site(s) _____

Volunteer Type (Parent, Student, Intern, etc.)

Student at site (if applicable): _____

In order to volunteer on any PCI school site or to chaperone on any trips, this form must be completed along with a current TB Risk Assessment and cleared Live Scan Fingerprints.

To be completed by District Office Staff:

TB Risk Assessment Date

Received _____

Date Expires _____

Live Scan

Completed Date _____

Date Cleared _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A7523
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Pacific Charter Institute Agency Authorized to Receive Criminal Record Information		00825 Mail Code (five-digit code assigned by DOJ)
2441 Harvard Street Suite 310 Street Address or P.O. Box		Catherine Fiddy, Danielle Franco-Matteoli, Leanna Comer Contact Name (mandatory for all school submissions)
Sacramento City	CA State	95815 ZIP Code
		(866) 992-9033 Contact Telephone Number

Applicant Information:

Last Name _____		First Name _____	Middle Initial _____	Suffix _____
Other Name: (AKA or Alias) _____				
Last Name _____		First Name _____		Suffix _____
Date of Birth _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height _____	Weight _____	Eye Color _____	Hair Color _____	
Place of Birth (State or Country) _____		Social Security Number _____		
Home Address Street Address or P.O. Box _____		City _____		State _____ ZIP Code _____
		Driver's License Number _____		
		Billing Number _____ (Agency Billing Number)		
		Misc. Number _____ (Other Identification Number)		

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____	LSID _____
ATI Number _____	Amount Collected/Billed _____

**Live Scan Fingerprint
Reimbursement Form**

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____

Total Amount Requested	
\$	

PLEASE EMAIL COMPLETED COPIES OF THE FOLLOWING TO THE SCHOOL SITE MANAGER WHERE YOU WILL VOLUNTEER:

- THIS REIMBURSEMENT FORM
- THE LIVE SCAN FORM
- RECEIPT WITH PROOF OF PAYMENT

Requestor's Signature _____ Date _____