



# Pacific Charter Institute

## Volunteer Process

Thank you for your interest in becoming a volunteer at **Pacific Charter Institute: New Pacific Charter Arden/Arcade!** To ensure the safety and well-being of our students, all volunteers must complete the following steps before receiving clearance to participate in school activities.

### Step 1: Fingerprinting Process

The first step in the volunteer process is to complete fingerprinting at a local authorized LiveScan location.

- The **LiveScan request form** can be found on **page 3** of this document.
- There will be a fee associated with the fingerprinting process, but you are eligible for reimbursement.
- To be reimbursed, you must submit the following documents:
  - The completed **LiveScan request form**
  - The receipt provided by the authorized LiveScan store
  - The **PCI LiveScan Reimbursement Form** (found on **page 4**)
- Once your fingerprints have been submitted to the **Department of Justice (DOJ)**, please notify the school office staff so they can monitor the progress of your background clearance.

### Step 2: Submit Required Documents for Full Volunteer Clearance

Once fingerprinting is complete, you must compile and submit the following documents:

1. **DOJ Reimbursement Forms** (Completed LiveScan request form, receipt from the authorized store, and the PCI LiveScan Reimbursement Form)
2. **Completed Volunteer Form** (found on **page 2**)
3. **A clear photo of your valid ID/Driver's License**
4. **A valid TB test result** (must be within the past four years)

Once all documents are gathered, please submit them using the **Google Form** <https://forms.gle/UU3bCKx9IEWHQC28>. Your volunteer application will then begin processing at the school site.

### Final Steps

Once your application has been reviewed and processed, you will be notified of your clearance status. You may begin volunteering after you have received clearance.

If you have any questions regarding this process, please contact your school's office staff for assistance. Thank you for your commitment to supporting our students and school community!



# 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

2441 Harvard Street Suite 310

Street Address or P.O. Box

Sacramento

City

CA

State

95815

ZIP Code

00825

Mail Code (five-digit code assigned by DOJ)

Catherine Fiddy, Danielle Franco-Matteoli, Leanna Comer

Contact Name (mandatory for all school submissions)

(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

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Billing

Number 146676

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

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

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

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(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**

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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

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Requestor's Signature

Date