



Pacific Charter Institute

Volunteer Process:

Thank you for your interest in becoming a volunteer with Pacific Charter Institute: Sutter Peak Charter Academy.

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.

If you are a parent, please log into your student's Microsoft account and upload copies of the following to:

<https://forms.office.com/r/1BprZXG0k9>

If you don't have an account, please scan and email the following completed forms to your school Site Assistant or Manager.

- 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 uploaded 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

Sex Male Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

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**

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 _____