

Tomorrow's Teachers Information for EDUC 20 Students to be placed in LBUSD only

LIVESCAN FINGERPRINTING

LBUSD District Office - First Floor, Human Resources
1515 Hughes Way, Long Beach

562-997-8216 | Cost: **NO COST**

MUST USE TOMORROW'S TEACHERS FORM

Book your appointment online at <http://printlbud.youcanbook.me>

Tomorrow's Teachers

Reading and Teacher Preparation
Building L, Room 168

-Registration packets available

TB TESTING

Liberal Arts Campus
4901 E. Carson St.
Long Beach, CA 90808

Student Health Services
Building A, Room 1010

Monday thru Wednesday
by appointment only

562-938-4210

No fee for current students.

*Walk-in clinic hours will be
advertised before the semester begins.*

Pacific Coast Campus
1305 E. Pacific Coast Hwy
Long Beach, CA 90808

Student Health Services
Building GG, Room 117

Monday thru Wednesday
by appointment only

562-938-3992

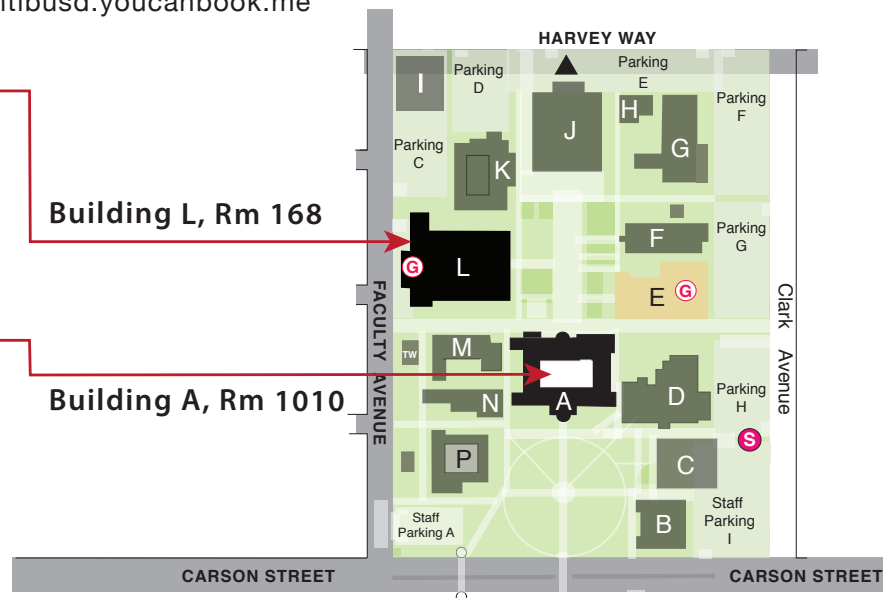
No fee for current students.

For more information contact:

Megan Kaplinsky

Teacher Preparation Coordinator

mkaplinsky@LBCC.edu 562.938.4864



TOMORROW'S TEACHERS DOCUMENT CHECKLIST

Complete the Registration Packet including:

- LIVESCAN FINGERPRINTING FORM: LBUSD - get at orientation/from instructor
- COPY OF TB TEST RESULTS
- COPY OF CALIFORNIA ID or DL
- TOMORROW'S TEACHERS VIPS FORM FOR LBUSD

Complete the LBCC Registration Documents to your instructor:

- LBCC STUDENT LIABILITY FORM
- COPY OF TOMORROW'S TEACHERS VIPS FORM FOR LBUSD

LONG BEACH COMMUNITY COLLEGE DISTRICT
Tomorrow's Teachers EDUC Fieldwork
LBCC STUDENT LIABILITY FORM

Each Long Beach City College student must read, sign and date the following information prior to being allowed to participate in Tomorrow's Teachers EDUC fieldwork ("TTEF"):

LBCC Student Name: _____ ID#: _____

Course: _____ Sec #: _____ Semester: _____

I, _____ ("Participant"), am _____ years of age and wish to participate in Long Beach Community College District's ("DISTRICT") TTEF. I understand that this could cause serious illness and/or injury, and I assume all risks for any such illness/injury.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risk of bodily injury, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the DISTRICT, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

I hereby acknowledge and understand that the DISTRICT is not providing transportation to classes or job sites and that it is my responsibility to arrange for my transportation. As the DISTRICT is not providing the transportation, I further understand the DISTRICT is in no way responsible, nor does the DISTRICT assume liability, for any injury or loss which may result from my transportation.

I hereby acknowledge and understand I am not to be alone with a student at any time during the TTEF.

In the event of an accident or illness, please notify: _____
Emergency Name (Print)

Emergency Phone

LBCC Student (Participant) Signature Date

Parent Signature (if student participant is a minor) Date

Print Parent Name



LBCC Reading Department
Tomorrow's Teachers: LBCC's Teacher Education Program
 APPLICATION FOR FIELDWORK
 Volunteers in Public Schools (VIPS)



Contact Information (PLEASE PRINT)

Name _____ Student ID # _____
 Last First M. I.

Address _____
 Street Apt. City Zip Code

Phone # _____ Date of Birth _____ E-mail _____

Health Record

Have you ever had Tuberculosis? (Not TB Test) Yes No If "yes", when? _____

Attach a copy of TB test results to application taken within the last year. This will not be returned.

Can you perform the work of a Tomorrows Teachers Volunteer without accommodation? Yes No

If "no", what accommodations are needed? _____

In case of an emergency, please notify: _____ Phone # _____

Academic Record

Education? Yes No (Education Majors must participate in SERVE training)

Enrollment in EDUC 10 or 20? Currently Enrolled in _____ Instructor _____

Are you now or have you ever been a Volunteer placed through the Tomorrow's Teachers Program?

Yes No

Have you previously served as a teacher's aide, substitute or classroom teacher? (Indicate approximate hours)

Elementary Self-Contained _____ Elementary Special Education _____

Middle School/Secondary _____ MS/Secondary Special Education _____

Are you currently or within the last six months been employed by LBUSD? Yes No

If yes, date of fingerprinting _____

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 to any of the above questions, 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: Carol Pratt – (562) 997-8047.

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 or 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 name 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.

VIPS Printed Legal Name _____

VIPS Applicant Legal Signature _____ Date _____

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FOR DISTRICT OFFICE USE ONLY:

TB Date: _____ Fingerprint Clearance: _____ Reviewed by (District Office): _____



Volunteers in Public Schools
 1515 Hughes Way, Long Beach CA 90810
 Phone 562-997-8307

DOJ
 FBI
 RE-PRINT

ATI# _____

Request for Livescan Service – Applicant Submission
VOLUNTEER

The applicant listed below has met the requirements to continue processing for:

Position Title: Tomorrow's Teachers Mentor – Teacher Education Program (LBCC)

Check One: Certificated Certificated Substitute Classified Classified Substitute
 VIPS License Permit Other

Last Name _____ First Name _____ Middle Name _____

DOB ____/____/____ AKA/Maiden Name _____

Sex: Male Female Height _____ Weight _____ Color: Eyes _____ Hair _____

Place of Birth: City _____ State _____ Country of Citizenship _____

Social Security Number _____ - _____ - _____ Driver's License _____
 State _____ Number _____

Home Address _____ Telephone Number (____) _____

City _____ State _____ Zip Code _____

Are you a current or former LBUSD employee? Yes No

Have you resided outside the state of California within the last year? Yes No

I certify that the above information is true and correct: _____
 Applicant Signature

Receiving Agency	Email Code: A03189	ORI Number: A0333
Long Beach Unified School District – Fax (562) 997-8298		
1515 Hughes Way, Long Beach, CA 90810		
Contact Name: Patty Mitchell, Senior Personnel Analyst, HRS – (562) 997-8386		
Referred by: Chris Borunda, Administrator, EACCR – (562) 997-8002 Livescan		
Transaction Completed:		
_____	_____	_____
Name of Operator		Fingerprint Date