

# **Sterling Volunteer Instructions for Parents/Guardians**

## **Sacramento Adventist Academy**

**There are 4 steps for completing your volunteer clearance:**

- 1) School Forms – Every Year**
- 2) Sterling Verified Volunteer – Every 3 Years**
- 3) Live Scan – One Time (only required for overnight trips)**
- 4) TB Testing – Every 4 Years**

**The following documentation must be kept current each school year:**

- Sterling Verified Volunteer Online Clearance
- Educational Volunteer Service Agreement
- Guidelines for Volunteers
- Vehicle Information Form – Field Trip Drivers
- Copy of Auto Insurance Declarations Page
- Copy of Driver's License
- TB Testing

**Sterling Verified Volunteer Process:**

- Go to [www.ncsrisk.org/adventist](http://www.ncsrisk.org/adventist) and click the *First Time Registrant* option (Google Chrome is the recommended browser)
- Select Northern California Conference
- Select Sacramento Adventist Academy as your primary volunteer location (Preschool – select Sacramento Adventist Academy-ECEC)
- Select Driver Volunteer as your primary role if you plan to drive for any trips
- Select any additional roles you may take part in
- Complete online training session
- Complete background check

**You make SAA a better place and we appreciate your commitment to keeping our students safe!**

# Sterling Volunteer Clearance Check List & Live Scan Clearance

Sacramento Adventist Academy

Volunteer Name: \_\_\_\_\_ Eligible: Yes / No \_\_\_\_\_

Clearance Date: \_\_\_\_\_ to \_\_\_\_\_ Clearance to Drive: Yes / No

Vehicle Clearance: Yes / No

Copy of Declaration page of Car Insurance: Yes / No Expiration: \_\_\_\_\_

Copy of Driver's License: Yes / No Date of Expiration: \_\_\_\_\_

Vehicle Information Form for Field Trip Drivers: Yes / No

Educational Volunteer Service Agreement: Yes / No

Guidelines for Volunteers: Yes / No

Service Positions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Live Scan of Fingerprints for parents going on over night school trips

Copy of Paperwork and receipt: Yes / No

Clearance Date: \_\_\_\_\_

TB Testing: \_\_\_\_\_

# Sterling Volunteers

**Thank you** for serving as a volunteer for the churches and/or schools in the Northern California Conference of Seventh-day Adventists.

## REGISTRATION INSTRUCTIONS ADVENTIST CHILD PROTECTION SCREENING

**Step 1** Go to [www.ncsrisk.org/adventist](http://www.ncsrisk.org/adventist) and click the *First-Time Registrant* option.

The screenshot shows the Sterling Volunteers website with the 'First-Time Registrant' option selected. It prompts the user to create a user ID and password.

**Step 2** First select the state and then Conference (Northern California).

**Step 3** Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name. This data will be case sensitive.

The screenshot shows the Sterling Volunteers website with the 'Create a User ID' and 'Create a Password' fields. It prompts the user to create a user ID and password.

**Step 4** Please provide the information requested on the screen: name, address, etc. (Note: Do not click the back button or your registration will be lost.)

**Step 5** Select the primary location where you work or volunteer, and click continue. If you work or volunteer in another location (perhaps at a school and a church), select "Yes" and then select a second location.

The screenshot shows the Sterling Volunteers website with the 'Please select the primary location where you work or volunteer' dropdown menu. It prompts the user to select a location.

**Step 6** Select your role(s) within the organization. (Multiples may be selected here as well.)

**Step 7** 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 8** Upon completion of your online training, you will be instructed to complete your Background Check. Don't forget this important step!

**Step 9** You will be directed to complete the Sterling Volunteers Background Check by clicking on *Complete the Sterling Volunteers Background Check*. Sterling Volunteers will require you - as a volunteer - to claim your account using three pieces of information: email address, home zip code, and date of birth. You will then be redirected to the Sterling Volunteers platform to confirm the details required for the background check.

The screenshot shows the Sterling Volunteers Background Check page. It prompts the user to complete the background check.

### Additional Background Check Information:

- Enter your full LEGAL name – not an alias or nickname
- If you do not wish to use your Social Security Number, check the box *No SSN*.
- The Fair Credit Reporting Act governs all background checks. The NCC is NOT checking your credit report. Use of the word "credit" references the law. You can print a copy of the consent form.

The screenshot shows the Sterling Volunteers Background Check page with the 'Easy Steps to Getting Verified' section. It lists the steps for getting verified.

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**Step 10** Review and complete the consent form.

**Step 11** Confirm the information is correct, and click *Submit*. Once the background check has been successfully processed, you will be notified via email.

### 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 and view your background check completion date. You can also access the "Update My Account" link at the top of the page to update your personal information.

## Questions?

Please contact us via email at [AdventistSupport@sterlingvolunteers.com](mailto:AdventistSupport@sterlingvolunteers.com) or 1-855-326-1860 (toll free).



# Educational Volunteer Service Agreement

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Volunteer \_\_\_\_\_ Position Volunteer

School Sacramento Adventist Academy

Supervisor Matthew Jakobsons

Beginning Date 08/03/20 Ending Date 06/30/21

The undersigned, (hereafter the "Volunteer") hereby agrees to perform volunteer services for the above-named Northern California Conference (NCC) institution (hereafter the "institution") on the following terms and conditions:

**Supervision:** Volunteer shall work under the supervision of the supervisor named above and to perform such duties as assigned by the NCC Superintendent of Schools and/or the principal where the Volunteer is assigned. Volunteer also agrees that their personal conduct and responsibility for performing their educational and supervisory duties shall be held to the same standards applicable to a teacher and in accordance with the rules, regulations and policies of NCC and as contained in the Pacific Union Conference Education Code. Volunteer shall, to the best of his/her ability, perform volunteer duties in a safe and reasonable manner so as to avoid injury to Volunteer or others.

**Insurance:** Because volunteers at NCC institutions are not employees of NCC or the institution, they are not covered by workers' compensation insurance for any work-related injuries or illnesses. The institution does provide Volunteer Labor Insurance Coverage through NCC which provides limited medical and other benefits in the event of injury or death to a volunteer while performing volunteer service for an NCC institution. Please read the Volunteer Labor policy, available from the NCC Risk Management Department for a description of policy benefits, limitations and exclusions.

**Volunteer Drivers:** All volunteer drivers must be at least 21 years of age and have an approved good driving record in order to operate a motor vehicle as part of their volunteer service. A volunteer using their own motor vehicle as part of their volunteer service must also show proof of insurance as required by California Law.

**Termination:** The term of the volunteer's service will end on the date noted above or earlier upon determination by the Institution that Volunteer's services are no longer required.

**Release of Liability and Assumption of Risk:** Volunteer acknowledges that their volunteer service activity has certain risks and inherent dangers of injury or even death that cannot be completely eliminated. Volunteer accepts these risks and agrees to release and hold harmless the Institution, NCC, and related organizations and their employees and agents from any and all losses, liability or claims for injury to person or property arising out of or related to volunteer's service described herein.

**General Provisions:** The volunteer acknowledges that their service is voluntary, with no expectation of compensation, and because the volunteer is not an employee of the Institution or NCC, they are not covered by workers' compensation benefits, Social Security, State Disability, NCC employee benefits, including service credit for retirement benefits and other Federal or State benefits or protections that may be applicable to employees. This volunteer agreement shall be construed in accordance with the Laws of the State of California. This volunteer agreement constitutes the entire agreement between the parties, incorporating all previous discussions and understandings and can only be modified in writing, signed by both parties. If any provision of this agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

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Volunteer Signature

Date

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Institution Signature

Date



Northern California Conference  
Office of Education  
PO Box 23165  
Pleasant Hill, CA 94523

## Guidelines for Volunteers

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Because our society is filled with pain, problems, and litigation caused by improper conduct of individuals working with children and youth, it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, you want parents and others to feel comfortable and confident with you.

### ***My Commitment to Volunteer Ministry***

I will,

1. Never leave a child or group of children for whom I am responsible unattended. I will provide appropriate supervision at all times.
2. Always have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, **UNDER NO CIRCUMSTANCES** will I allow myself to be alone with one child.
3. Always ask a child's permission before physically touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas that would normally be covered by a T-shirt and/or shorts. (If an injury is within this area, make sure another adult works with you as care is provided.)
4. Refrain from physical and verbal attacks and corporal punishment which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful discipline methods to use with children.
5. Affirm children with appropriate touching by keeping hugs brief and "shoulder-to-shoulder" or "side-to-side." (Always keep hands at (not below) the shoulder level. A caregiver's kiss should be to the forehead or cheek only - not elsewhere. For small children who like to sit on laps, I will encourage them to sit next to me.)
6. Provide extra care when taking small children to the restroom. I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process and complete the Volunteer Ministry information form, as required by the church.
9. Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training programs conducted by the church.
12. Never take pictures of students. Special authorization is required.

The North American Division of the General Conference of Seventh-day Adventists and Adventist Risk Management, Inc., recommend these Guidelines for Volunteers, which serve as a protection to you, your ministry, and the church from allegations of abuse.

I, the undersigned, have read this document and agree to abide by the Code of Conduct and Volunteer Guidelines outlined above. I will retain a copy of this document and keep it for reference.

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Volunteer Signature

Date



**Northern California Conference  
Office of Education  
PO Box 23165  
Pleasant Hill, CA 94523**



## Vehicle Information Form for Field Trip Drivers

Today's date: \_\_\_\_\_

Auto Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Registration Number (License Plate): \_\_\_\_\_

California Driver's License Number: \_\_\_\_\_

Number of passenger seat belts: \_\_\_\_\_ (Any child under the age of 6 weighing less than 60 pounds must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.)

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Insurance Coverage:**

\$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)

Driver: \_\_\_\_\_

Car Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner's signature indicates approval and signifies that the above information is correct.)

Car Owner's Phone Number: \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phone Number)



Northern California Conference  
Office of Education  
PO Box 23165  
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## NORTHERN CALIFORNIA CONFERENCE TB Examination VERIFICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Sacramento Adventist Academy

A volunteer shall provide written proof signed by the conducting physician that an examination, conducted **within the last 60 days preceding date of start date** has determined that the volunteer is free from communicable tuberculosis. Written proof shall be filed every four years after initial start date. *Only designated staff will have access to the completed form. This form will be stored in a locked file* Education Code E10-124.12.

### TUBERCULIN TEST – ATTACH SIGNED CERTIFICATE OF CLEARANCE FOLLOWING RISK ASSESSMENT IF NO TEST IS PERFORMED

#### PPD Skin Test:

Date Read: \_\_\_\_\_

Positive \_\_\_\_\_ Negative \_\_\_\_\_

OR

#### Chest X-Ray:

Date: \_\_\_\_\_

Results: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

NCC - Office of Education  
PO Box 23165  
Pleasant Hill, CA 94523  
925.603-5061







## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

**A3044**  
ORI (Code assigned by DOJ)

**Volunteer – Private School**  
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:

**Northern California Conference of SDA**  
Agency Authorized to Receive Criminal Record Information

**2100 Douglas Blvd. (P.O. Box 619015)**  
Street Address or P.O. Box

**Roseville** **CA** **95661**  
City State ZIP Code

**03279**  
Mail Code (five-digit code assigned by DOJ)

**Coreen A Hicks**  
Contact Name (mandatory for all school submissions)

**(916) 886-5645**  
Contact Telephone Number

### Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex ☐ Male ☐ Female

Date of Birth

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Name Suffix

Driver's License Number

Billing Number **141139**  
(Agency Billing Number)

Misc. Number  
(Other Identification Number)

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: **Sacramento Adventist Academy**  
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