



TWIN LAKES CHRISTIAN SCHOOL VOLUNTEER HANDBOOK

Dear Volunteers,

Welcome to Twin Lakes Christian School Volunteers! We are pleased that you are willing to spend some of your very valuable time with us. Your experience and expertise is desired and appreciated.

This handbook contains important information to ensure your experience as a volunteer will be enriching and rewarding. Please take a few moments to become familiar with its contents and to ask any questions that arise.

Thank you for being part of our team.

Blessings,

Meg Imel

Principal

Twin Lakes Christian School is committed to the mission of providing an excellent educational experience in a caring Christian community. Our volunteer program will help us provide excellent instruction and create a dynamic partnership with our parents and our community.

The GOAL of the volunteer program is to:

- Enrich the curriculum.
- Enhance children's learning opportunities.
- Provide help for individual children.
- Increase students' self-esteem and motivation to learn.
- Provide satisfying opportunities for adults to make lasting contributions to the students and the school.
- Assist teachers and other staff.

Qualities of a Volunteer

- Friendly and caring.
- Reliable and flexible.
- Understanding and appreciative of the work of the school staff and the volunteer program.
- Professional attitude and ability to work cooperatively with school staff.
- Interest in working with young people.
- Excellent character.

Becoming a Volunteer

- Complete attached Live Scan paperwork and have fingerprints done. Live scan will charge \$30 at the time of the fingerprints. You will be billed the \$49 remaining charge on your TLCS account.
- Complete required Mandated Reporter Training – SB848
- Update your contact information as it changes.
- Always sign in and out through the school office.
- Wear a Volunteer badge.

Responsibilities of Volunteers

- Support and supplement the instructional program of the classroom teacher.
- Be prompt and dependable.
- Know and observe all regulations and procedures of the school.
- Discuss problems that arise with the teacher or principal.

- Notify the principal or teacher if a student confides in you about a situation of abuse or neglect.
- Respect confidentiality with relationship to the school. Ensure that a child's work and behavior in school are held in confidence.
- Be a role model for our students.

Tips for Volunteers

- Be patient when working with students.
- Learn the students' names. Make sure the students know your name.
- Treat individuals with respect and courtesy and expect the same in return.
- Encourage and support student successes. Build self-confidence by praising them honestly and frequently. Accentuate the positive and minimize the negative.
- If you will be absent, please call the school.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6557
ORI (Code assigned by DOJ)

Private School Volunteer
Authorized Applicant Type

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

Contributing Agency Information:

Twin Lakes Christian School
Agency Authorized to Receive Criminal Record Information

00971
Mail Code (five-digit code assigned by DOJ)

2701 Cabrillo College Dr.
Street Address or P.O. Box

Lora Spurlock
Contact Name (mandatory for all school submissions)

Aptos
City

CA ☒ State 95003
ZIP Code

8314653301
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 ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number 149916
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification 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: _____
Original ATI Number

(Must provide proof of rejection)

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