



The mission of Twin Lakes Christian School is to provide an excellent educational experience in a caring Christian community.

# Twin Lakes Christian School Volunteer Handbook



ENGAGING MINDS. TRANSFORMING LIVES. / A MINISTRY OF TWIN LAKES CHURCH  
2701 Cabrillo College Drive / Aptos / CA / 95003 / Phone 831-465-3301 / FAX 831-465-3389  
[www.tlcs.us](http://www.tlcs.us) / [info@tlcs.us](mailto:info@tlcs.us)

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 \$30.00 at the time of the fingerprints. You will be billed the \$49.00 remaining charge on your TLCS account.
- 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 \_\_\_\_\_ Private School Volunteer  
 ORI (Code assigned by DOJ) \_\_\_\_\_ 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 \_\_\_\_\_ 00971 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)

2701 Cabrillo College Dr. \_\_\_\_\_ Lora Spurlock \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)

Aptos \_\_\_\_\_ CA  95003 \_\_\_\_\_ 8314653301 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ 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 149916 \_\_\_\_\_  
 (Agency Billing Number)

Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
 (Other Identification Number)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_

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

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) (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 \_\_\_\_\_