



Rev 3.21.24

Westerville City Schools Level 2 Volunteer Statement

Please PRINT using your legal name as it appears on your driver's license and/or State ID:

_____	_____	_____
Last Name	First Name	Middle Name
_____	XXX-XX-_____	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of Birth	Social Security Number	
_____	_____	_____
Street Address	City	Zip
_____	_____	_____
Email Address	Telephone Number	

Check All That Apply:

	Unsupervised Building Volunteer or Chaperone: Has unsupervised access to children, e.g., library helper or overnight trip chaperone. District/building ID badge required. Requires background check.
	Coach Volunteer: Volunteer coach with after school sports. Requires background check (at your expense), as well as other coaching prerequisites. Copy of valid cardiopulmonary resuscitation (CRP) training required prior to approval of Pupil Activity Permit (PAP). Consult Building Athletic Director.

I have been a resident/or have lived in the state of New York in the past*: **Yes No**

***If you answered yes to living in the state of New York and you are applying for Level 2 (volunteer, chaperone, or coach), please contact the Human Resources Department directly to schedule a background check. Contact # is 614-797-5721.**

I understand that I will need to submit to a prescreening background check and/or an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies.

Further, I understand that if I have been convicted of/pled guilty to, or if any situation arises in the future that would be disqualifying as listed in Policy 3120.09 or 4120.09, I will immediately notify the Westerville City School District and cease my volunteer activities immediately.

I agree to abide by all relevant Board Policies and Administrative Guidelines while on duty for the District (including, but not limited to, the volunteer's obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law – see below). I understand that, although I am covered under the District's general liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

All volunteers need to display appropriate behavior at all times. In accordance with R.C. 109.575, all volunteers who work or apply to work unsupervised with children on a regular basis may/will be required to provide a set of fingerprints at any time so that a criminal records check can be conducted. If a criminal records check is conducted, it will be done as a condition of initial or continued service as a volunteer. If a criminal records check indicates that a volunteer has been convicted of, or pleaded guilty to, any of the offenses described in R.C.109.572(A)(1), the volunteer will be informed of the Board's actions in accordance with Policy 3120.09 and/or 4120.09.

Check All That Apply:

	I am a Westerville City School employee, or I am employed by the ESCCO and currently working within the Westerville City School District.
	I elect to have my background check performed by an outside agency.
	I elect to have my background check done through the SecureVolunteer website: https://bib.com/secure-volunteer/WESTERVILLE-CITY-SCHOOLS/home

DISCLOSURE REGARDING CONSUMER REPORT

I hereby certify that I have given WESTERVILLE CITY SCHOOLS permission to obtain a background check.

I hereby release WESTERVILLE CITY SCHOOLS from all liability in connection with the dissemination of such criminal history information.

I acknowledge that I have reviewed the following documents:

1. Policy 3120.09 or 4120.09 - Appointment of School Volunteers (available on wsoh.org)
2. Volunteer training video module (available on wsoh.org)
3. Disclosure Regarding Consumer Report & Instruction and Authorization to Release Information.
4. I understand that this process may take anywhere from one (1) to sixty (60) business days to complete.

Volunteer Signature

Date

NOTE: Please submit this form to your building principal for approval. If you are using the SecureVolunteer website, the next step is for you to visit that website and proceed with submitting your application for a background check.

Building

Principal Signature

Office Use Only:	
Information Verified by: _____	Date: _____
Results of Background Check: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Mailed <input type="checkbox"/>	
Transaction Date: _____	Expiration Date: _____