

VOLUNTEER

FORMS

LEVEL 1

Volunteer Welcome Letter

Here at WCUUSD we take the safety of our children very seriously. Pursuant to the passage of S. 13, an act related to improving Vermont's sexual abuse response system, the Washington Central Unified Union School District Board of Directors developed a "*Volunteers and Work Study Students Policy*", and a "*Volunteers & Work Study Students Procedures*".

As a result of these policies and procedures, our supervisory union will be conducting certain background checks and registry searches on volunteers.

Volunteers will serve in two capacities. Level 1 volunteers serve in capacities that will be under supervised conditions (parent visiting classrooms while a teacher is present). Level 2 volunteers serve in capacities where they will be in unsupervised conditions (chaperoning overnight field trip, coaching or mentoring students without a teacher present). The school principal will determine the classification of each volunteer as a Level 1 or Level 2 volunteer.

Level 1: The screening process will include a check of the name of the volunteer through the following database resources to include the Vermont Agency of Human Services for the Vermont Child Abuse & Neglect Registry and the Vulnerable Adult Abuse and Neglect Registry, Vermont Sex Offender Registry, National Sex Offender Public website to determine if there is a substantiated claim against the person, Agency of Education Disciplinary Actions and Vermont Criminal Information Center.

A person who is on the Vermont Sex Offender Registry shall not be eligible to be a volunteer. A person found to have a substantiated claim on either of the other registries will be able to appeal their listing on either of these registries to the Agency of Human Services. The volunteer will not be allowed to volunteer as long as their name remains on the registry.

Level 2: The screening process will include all of the checks described in Level 1 **AND** they will need be fingerprinted and have a National Child Protection Act (NCPA) check through the Vermont Criminal Information Center (VCIC).

The superintendent shall maintain such records in accordance with the state law.

VOLUNTEER APPLICATION FORM
WASHINGTON CENTRAL UNIFIED UNION SCHOOL DISTRICT

Level 1

School _____

Date of Application: _____

Activity _____

Relationship to _____

Coaching _____

Mentor Other _____

THANK YOU for your interest in and willingness to volunteer at our school. We VERY much appreciate all the support the volunteers lend to our school community; you truly make our school what it is. We also appreciate our role as guardians of the children. Thus, we ask that all volunteers complete the following application to help us ensure the safety of our children. The completion of this form is required prior to having volunteers work with any of our children. The names of all volunteers are checked against the Vermont Sex Offender Registry, the Vermont Child Abuse and Neglect Registry, the Vermont Vulnerable Adult Abuse and Neglect Registry, Agency of Education, and National Sex Offender website per 16 VSA § 255. For some volunteer positions there is also a required criminal record check with the Vermont Criminal Information Center under the National Child Protection Act (NCPA).

*All information is reviewed by the principal and will be kept strictly confidential. **PLEASE PRINT***

NAME: _____

OTHER NAMES (ALIAS) YOU HAVE USED: _____

ADDRESS: _____

TELEPHONE: _____

CELL PHONE: _____

E-MAIL: _____

BACKGROUND

Have you ever been convicted of a crime or misdemeanor? _____

Have you ever entered a plea of guilty or nolo contendere to a felony or misdemeanor charge? _____

Are there any charges pending against you in any jurisdiction at this time? _____

If the answer to any of the above questions is "Yes," please explain the circumstances of the conviction fully, including the specific charge, date, location of the offense and the court, and disposition of court proceedings. Attach a separate piece of paper if necessary.

REFERENCES

Please list name, address and phone number of at least three references (or attach letters of references):

1. _____

2. _____

3. _____

I hereby state the information contained on this form is complete and accurate.

I hereby give my permission for the WCUUSD to perform all background checks required by law or board policy.

Applicant's signature

Date



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date