



## Volunteer Guidelines

### ALL VOLUNTEERS/CHAPERONES MUST HAVE THE FOLLOWING CLEARANCES:

Community/Program Volunteer	Parent/Family Member Volunteer Under Employee Supervision	Volunteer Coach	Parent/Family Member Volunteer Overnight Trips
1. Child Protection Registry 2. Criminal Background Check 3. TB Assessment Form 4. HR Clearance for Suitability	1. Child Protection Registry 2. HR Clearance for Suitability 3. TB Assessment Form	1. Child Protection Registry 2. Criminal Background Check 3. TB Test 4. HR Clearance for Suitability	1. Child Protection Registry 2. Criminal Background Check 3. TB Assessment 4. HR Clearance for Suitability

Each school building must select a **Volunteer Coordinator** and provide the contact name to the Human Resources Department. The *Volunteer Coordinator* is responsible for ensuring volunteers and chaperones complete the packet and all required clearances. The *Volunteer Coordinator* must submit the packet and all collected receipts and forms to the HR department for record keeping. The Volunteer Coordinator must also maintain a list of volunteers and received documentation. Incomplete packets will not be accepted and will be returned to the *Volunteer Coordinator* for completion.

The volunteer packet must include the following:

- Confidentiality agreement
- Receipt of Payment for Criminal Background Check (CBC)
- Child Protection Registry Check Receipt (CPR) & Completed Consent Form
- PPD/TB Test (Volunteer Coaches) or TB Assessment Form (all other volunteers)



### **Delaware Child Protection Registry Request**

Must be completed online at the following link <https://childprotectionregistry.delaware.gov> . There is a \$14.00 fee at checkout to request the child protection registry check. Click on the **NEW INDIVIDUAL REGISTRATION** box and follow the instructions. **The Agency ID# is 352 and the Agency Contact ID# is 83134.** The results will automatically be sent to Red Clay's Human Resources Department.

### **Criminal Background Check**

- Completed through IdenToGo
  - Cost: \$35
  - Click here <https://uenroll.identogo.com/> for appointments and locations.
  - The "**Red Clay Service Code**" for volunteers is 27RYBN
- Volunteer must identify themselves as a **Public School Volunteer** at the time of their appointment.
- Volunteer must include the **Receipt of Payment** with the Volunteer Packet
- Criminal Background Reports from the volunteer are not acceptable. The Human Resources Department will receive the official report from the State Bureau of Identification.

### **TB Risk Assessment**

The form must be completed by the volunteer and given to the school nurse for review and filing. **Do not send these forms to the HR Department, the School Nurse will file forms.** The Volunteer Coordinator must notate receipt of TB assessment Form on the Volunteer Record Spreadsheet. The nurse will notify the volunteer coordinator if someone is restricted from volunteering, and contact volunteer directly for resolution steps.

**\*\*\*RCCSD WILL ACCEPT RESULTS FROM OTHER AGENCIES IF COMPLETED WITHIN THE PAST 12 MONTHS. \*\*\***

## **INSTRUCTIONS FOR ATHLETIC DIRECTORS**

All Volunteer Coaches/Assistant Coaches must complete the following:

- Criminal Background Check completed within the last 12 months from the date of hire
- Delaware Child Protection Registry Check request completed online (Include consent form in packet)
- Tb Test (not assessment form)
- Volunteer Coach Recommendation Form and Checklist

Send completed packets to [HR@RedClay.k12.de.us](mailto:HR@RedClay.k12.de.us) . The HR department will attain approval.

Volunteer Coordinators must send a list of Volunteers to Maria Olvera at district office to [mariadefatima.olvera@redclay.k12.de.us](mailto:mariadefatima.olvera@redclay.k12.de.us)



## Confidentiality Agreement

### Dear Volunteer/Chaperone:

Thank you for offering your time and talents to assist our school community. In the interest of ensuring a safe and positive experience for all members of our school community, volunteers/chaperones are required to complete a Delaware Child Protection Registry Request, Criminal Background Check (Bring in Receipt of payment), TB Risk Assessment or completed TB/PPD Test (Test required for Volunteer Coaches) and Confidentiality Agreement Form.

### **CONFIDENTIALITY**

In working with individual students and/or small groups of students, we need to be sure that we are honoring every student's right to confidentiality. The progress that any one student is making and/or behavior that is displayed is confidential information and should not be shared outside the volunteer/chaperone activity setting. It is the responsibility of educational staff to communicate such progress to parents and other appropriate staff members. We greatly appreciate your understanding and adherence to this highly critical issue.

### **EXPECTATIONS AND GUIDELINES**

Volunteers will be asked to present their driver's license upon entering.

Volunteers will be asked to wear a name tag and/or lanyard, identifying themselves as a volunteer.

Volunteers are asked to arrive on time.

If volunteers need to cancel or reschedule, please contact the school as soon as possible.

Volunteers are asked to refrain from side-trips outside of their expected locations.

Chaperones must be at least 18 years of age, and be either the parent or guardian. Chaperones can also be other family members if given written approval by the parent/guardian. Chaperones are encouraged to ride district-arranged transportation (ie: bus) to and from the Field Trips, but this is not required. Chaperones are required to follow the lead and instruction of Staff in delineating chaperone responsibilities.

I have read the provided information and understand the expectations and guidelines associated with volunteering and/or chaperoning in the school setting.

I agree to respect each child's right to confidentiality.

\_\_\_\_\_  
Parent / Guardian Signature

Date\_\_\_\_\_

Print name \_\_\_\_\_

Name of School\_\_\_\_\_



## Volunteer Coach Recommendation Form & Checklist

### Volunteer Information:

Name \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

### School Information:

Name of School: \_\_\_\_\_

Season: ☐ Fall ☐ Winter ☐ Spring

Sport: \_\_\_\_\_

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|--|--|
| 1. TB Risk Assessment Completed and Given to Nurse:            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Child Protection Registry Request Completed, attach receipt | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Criminal Background Check Completed, attach receipt         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I confirm that I fully understand that the following conditions have been discussed with me: **(1):** I serve at the full discretion of the Building Principal and Athletic Director. My involvement can be concluded at any time by the Athletic Director or the Principal. **(2):** I will not receive a salary or any type of employee benefits including life & disability insurance, workers compensation, prescription insurance or any major medical coverage. **(3):** I will have the same liability coverage as other volunteers. **(4):** I will be under the supervision of a district appointed coach and I will not assume the authority and/or responsibility of a coach. **(5):** My involvement if approved, is limited to a sports season and a one-year period.

Volunteer Name \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date ..

Athletic Director \_\_\_\_\_

Athletic Director Signature \_\_\_\_\_ Date ..

Principal Name \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date ..

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Location \_\_\_\_\_

**Delaware Department of Education<sup>1</sup>**  
**CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE**  
**FOR VOLUNTEERS IN PUBLIC SCHOOLS**

*All school students, employees, and volunteers are required to be screened for Tuberculosis (TB)<sup>2</sup>. The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. This questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further testing. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner. The questionnaire must be completed every five years. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.*

**Please consider the following questions and circle only ONE response in the box below<sup>3</sup>:**

<b>Can you answer "yes" to any of the questions below?</b>	
<div style="display: flex; justify-content: space-between;"><div><p>1. In the past five years, have you lived or been in close<sup>4</sup>contact with anyone who had active, infectious TB disease?</p><p>2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks?</p><div style="display: flex; justify-content: space-between;"><div>Cough</div><div>Fever</div></div><div style="display: flex; justify-content: space-between;"><div>Night sweats</div><div>Weight loss</div></div><p>3. Are you aware of being immunosuppressed (a suppression of the immune system and its ability to fight infection, increasing your likelihood of developing active TB, which may be caused by a particular illness or medical treatment such as certain types of cancer, silicosis, HIV/AIDS, organ transplant recipient, use of TNF-alpha antagonists ["biologics"], or long-term, high dose steroids)?</p><p>4. In the past five years, have you ever used illegal intravenous drugs?</p><p>5. In the past five years, have you been incarcerated?</p><p>6. In the past five years, have you been homeless which resulted in living in a shelter or with others outside of your family, who were homeless?</p><p>7. For the next two questions, have you traveled to any area(s) where TB is common? Per the Delaware Division of Public Health, this includes travel or residency in a country with an elevated TB rate for at least 1 month. This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe</p><ul style="list-style-type: none"><li>• In the past five years, have you stayed/lived in one of these countries for 1 month or longer?</li><li>• In the past five years, have you lived or been in close contact with someone who stayed/lived in one of these countries for 1 month or longer?</li></ul></div><div style="text-align: right; padding-right: 20px;"><p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p></div></div>	

If you checked YES, you are required (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.

<p>Have you ever had a positive skin test for tuberculosis? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></p> <p><b>If you checked <u>yes</u>, you are <u>required</u> to provide documentation related to current disease status prior to your assignment or continued assignment as a volunteer. If you have provided documentation of completing treatment for active or latent infection, no further documentation is required.</b></p>
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**These requirements are for the safety of our school and for your personal health.** Screening for tuberculosis is recommended by health professionals for any individual who is at risk. Routine screening, using a Mantoux tuberculin skin test or a TB blood test, such as the Quantiferon Gold TB Test, can detect if a person has been exposed to tuberculosis. Early identification of infection and completion of a course of antibiotic treatment significantly reduces the chance of developing active TB disease over the lifetime of infected individuals.

If you have any questions about your risk of infection, please speak with your healthcare provider or plan to discuss it at your next examination. For additional information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

<sup>1</sup>Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005, 7/2010, 7/2013, 5/2015, 4/2018; 12/2019

<sup>2</sup>Regulation 805 can be accessed at <http://www.state.de.us/research/AdminCode/title14/800>.

<sup>3</sup>To maintain confidentiality of medical information, the volunteer should not provide an individual answer to each question. The volunteer's response of "yes" indicates that at least one of the seven questions is correct, which means a possible exposure. The volunteer should not indicate which one. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

<sup>4</sup>CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.