Providence Public School Application Process

- **First Time Applicants**: If you have never volunteered for the Providence Public School District follow these 4 steps
- **Returning Volunteers:** If you were a Volunteer before 2024, please follow the **4 steps** instructions
- **Prior to applying to become a Volunteer:** You must contact the school or schools you will be volunteering at.

STEPS	Instructions for First Time Volunteer
1	Complete and sign the Volunteer Application, the Disclaimer and Instructions on Reporting: • Download the application here: English | Spanish • Copy of Identification (any of the following): ○ Driver's license ○ State ID ○ Passport ○ Other form of government ID
2	Obtain a BCI (Bureau of Criminal Investigation) Check IN PERSON • Obtain your BCI at the RI Attorney General's Office, 4 Howard Avenue, Cranston, RI 02910, • Office hours: Monday-Friday, 8:30 AM - 4:00 PM. • Requirements: ○ A valid photo ID. ○ $5 fee, payable by credit or debit card (no cash). ○ More details: BCI Information. BY MAIL: Follow instruction from Attorney General's Office HERE **NOTE: Inform The BCI Office that this is for the Providence Public School District so that they can email us the result.**
3	Orientation and Assessment • Review the online self-led orientation English | Spanish • After reviewing, complete the Bilingual Orientation Assessment HERE
4	To Submit Your Volunteer Application Packet • Your completed packet must include: ○ The volunteer application. ○ A copy of your valid photo ID (front and back). ○ The BCI check. • Submit your packet: ○ In person: FACE Office, 797 Westminster Street, Providence, RI 02903 ○ By mail: FACE Office, 797 Westminster Street, Providence, RI 02903 ○ Email: volunteer@ppsd.org

Notification Process:

- The Family and Community Engagement (FACE) Office will notify both the school and applicants via email within 7-10 days after receiving the application and BCI (Background Check Information). Please plan ahead of time.
- Applicants must contact the school directly to arrange volunteer assignments.

Right to Appeal:

- If an applicant is deemed ineligible to serve as a volunteer based on the district's Volunteer Policy, they have the right to appeal the decision.

Questions or Concerns?

- For inquiries regarding the application process, please contact the FACE Office at (401) 456-0686 or email volunteer@ppsd.org

Providence Schools

FACE 2025-2026

VOLUNTEER APPLICATION

PLEASE COMPLETE ALL SECTIONS

Date: _____

(Incomplete sections may delay approval)

(PLEASE PRINT CLEARLY)

First Name _____ **Last Name** _____

Home Address _____**Apt#** ____ **City** _____ **State** _____ **Zip code**_____

Cell Phone# _____**Work Phone#**_____**Email**_____

Gender (Optional)☐Male ☐Female

Age: Must be over the age of 18:☐Yes ☐No

May the school you indicate below share your contact information with the school's PTO/parents group?

☐ Yes ☐ No

EMERGENCY CONTACT:

Name: _____

Phone# _____ Relation_____

Name: _____

Phone# _____ Relation_____

SCHOOL' Name(s) where I wish to volunteer: _____, _____

Check (✓) which group you pertain to Parent/Guardian _____ Community Member ____ Direct Student Support ____ Other ____

Please Check (✓) off your volunteer preference below:

☐ Volunteer

Child's Name if you're a parent/guardian	Grade

Volunteer's areas of interest:

- ☐ Parent Group Representative(s) (PTO/PTA)
- ☐ Plan school activities (school committee)
- ☐ Classroom for non-academic support
- ☐ Chaperone for field trips
- ☐ Volunteer at after-school programs
- ☐ School activities
- ☐ Help school with translation/interpretation
- ☐ District events/activities/ Filing/Storage/Clerical Work

☐ Direct Student Support Volunteer

(Tutor ,community hours, mentor, etc.)

School Point of Contact, Phone number, email	
Name of Contact	Phone or email

- ☐ **Volunteers will provide direct academic support to students identified by the classroom teacher.**
- ☐ **Volunteer can help the teacher organize areas in the classroom and assist with activities and events**
- ☐ Other __ (agreed upon with the teacher)

Note: Student Support Volunteers must provide ONE character reference prior to starting.

Signature and Acknowledgement

I have read and understand all instructions and steps required to apply as a volunteer with the Providence Public School District. I affirm that all information provided in this application is true, accurate, and complete to the best of my knowledge. I also acknowledge that I have spoken with a school representative (e.g., Principal, Assistant Principal, Teacher, Coach, etc.) regarding available volunteer opportunities.

_____

Volunteer Signature

Providence Schools

Volunteer Agreement and Disclaimer

All volunteers must be under the supervision of a district employee and adhere to these regulations:

1. Volunteers must sign in at the main office and report to the volunteer post or ask for the school designee.
2. Volunteers are NEVER to be alone with a student.
3. Volunteers should NEVER accompany a student into the restroom. If a student requires assistance, in the restroom, the volunteer must take the child to the teacher who will handle the situation.
4. A volunteer must ALWAYS use a faculty or adult restroom. NEVER use the student bathroom.
5. Volunteers may never take a child off school grounds.
6. Volunteers are helpers in the school. The teachers and school principal are in charge of any academic or disciplinary issue.
7. Volunteers must display appropriate adult behavior, supportive, encouraging and with a positive attitude.
8. Volunteers must follow the protocols for reporting known or suspected Child Abuse and /or Neglect and must sign the Mandatory Reporting Form.
9. Volunteers are representatives of the school community and are upheld to the same security, safety, dress code and apply professional standards, as district staff. If at any time, a volunteer's actions or presence interferes with these standards, the school administration and district reserves the right to reassign and/or rescind the volunteer's approval status.

Confidentiality: I, the undersigned, understand that during the course of my work, I may be given access to confidential, privileged, or proprietary PPSD student information in order to perform my responsibilities in a manner that meets PPSD's needs and enhances the delivery of service. By signing this document, I am agreeing to comply with all regulations and laws established to protect confidential information. I understand that accessing or releasing confidential information and/or records or causing this to occur outside the course of my assigned duties would constitute a violation of this Agreement. I understand that proven violation of this agreement can result in termination of my access to information and may result in action being taken against me. I acknowledge and agree that PPSD's Confidential Information includes confidential student and employee information that is protected by applicable law, including but not limited to, FERPA and the so-called Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, its implementing regulations and other applicable laws and regulations. I agree to comply with all applicable laws relating to the access, use and disclosure of Confidential Information.

I agree to the above volunteer expectations and acknowledge the School Principal may have other basic protocols for their school. As a volunteer the above expectations will help with my effectiveness in supporting and ensuring the safety of the school community. I am aware and understand the Providence School district expects me to hold in confidence any information I may become privy to while volunteering.

I am signing freely and release from liability and hold the Providence School department harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in any and all volunteer activities.

Volunteer Name (print clearly)	School
Volunteer Signature	Date

PROVIDENCE PUBLIC SCHOOL DISTRICT
REPORTING KNOWN OR SUSPECTED CHILD ABUSE AND/OR NEGLECT

As a volunteer of the Providence Public School District (PPSD), you must be familiar with the RI General Law 40-11-3 and the protocols below for reporting known or suspected Child Abuse and/or Neglect. If you witness or become aware of sexual assault, physical abuse or neglect of a child, you are a mandatory reporter and must take the following actions:

Step One: For all incidents reported to, or suspected by a PPSD staff member or volunteer, who is school based taking place in a school, immediately contact the Building Principal (the term "Building Principal" shall also include any person designated by the Principal to be in charge of the school in his/her absence). For incidents reported to or suspected by a PPSD staff member or volunteer who is not based in a school (e.g. registration staff / central office staff etc.), volunteers shall notify the Director of School Operations. If, for any reason, your principal or supervisor is unavailable, please notify the next person up the chain of command. You must have a conversation with a live person. An email or voicemail alone will not suffice.

Step Two: The Building Principal (for incidents reported to, or suspected by, a PPSD staff member or volunteer who is school based) or Director of School Operations (for incidents reported to, or suspected by, a PPSD staff member or volunteer who is not school based) shall immediately notify the Department of Children, Youth and Families (DCYF) at 1(800) RI-CHILD, 1(800) 742-4453; please note this is a 24-hour number. Please be sure to document your conversation with the DCYF representative on the witness statement Form. The call to DCYF can be made with or without the staff member who transferred the information to the Principal or their designated agent. As a PPSD employee or volunteer, you must provide your name and contact information and include the name, title and contact information of every employee who is known to have knowledge of the allegation – no anonymous calls are permitted.

Step Three: The Building Principal (for incidents reported to, or suspected by, a PPSD staff member or volunteer who is school based) or Director of School Operations (for incidents reported to, or suspected by, a PPSD staff member or volunteer who is not school based) must then call the Providence Police Department at (401) 272- 3121. Please be sure to document your conversation with the police on the witness statement form.

Step Four: When a staff member or volunteer is involved, immediately after DCYF and Police have been contacted, call your designated Human Resources Manager. If you are unable to make contact, please call Chief of Human Capital.

Step Five: Per the School Emergency Preparedness Plan, a Critical Incident Report (CIR) must be submitted for ALL instances of alleged abuse or assault and must include a checklist of the required notifications to DCYF, police, and all appropriate entities. Building Principals must provide their Zone Executive Directors with this information. The Director of School Operations must do the same for the Chief of Administration.

PLEASE BE SURE TO KEEP ACCURATE INFORMATION REGARDING:

- WHO YOU SPOKE TO AT EACH OF THE AFOREMENTIONED AGENCIES AND/OR OFFICES.
- THE DATE AND TIME YOU SPOKE TO EACH PERSON.
- A DESCRIPTION OF WHAT WAS SAID.
- ANY GUIDANCE PROVIDED BY EACH OF THE RESPECTIVE INDIVIDUALS YOU CONTACTED.

I certify that I have received and understand mandatory reporting protocols. I agree to comply with the mandatory reporting protocols and related policies and procedures applicable to my volunteer service and understand that compliance is expected as part of my continued volunteering with the Providence Public School District. This acknowledgement is not an assurance of continued volunteering or association.

Volunteer Name (print clearly)	School
Volunteer Signature	Date

Where do I get a Background Check?

Based on Chapter 16-2 of the Rhode Island General Laws, anyone who is current or a prospective volunteer of a private school or public school department and who may have direct and unmonitored contact with children and/or students on school premises shall undergo a state criminal background check to be initiated prior to volunteering.

You must provide a picture ID when applying for a background check in person such as:

- State issued driver's license,
- State issued identification card
- Passport
- Or other government ID

Location	Address	Hours of Operation	Fee
Attorney General's Office	4 Howard Av. Cranston, RI	Monday - Friday 8:30am-4:30pm (except holidays)	$5 (no cash) debit/credit card

VOLUNTEER DISQUALIFYING OFFENSES

This list of offenses is taken from RI State Law, Section 16-2-18. I, and includes those offenses which would disqualify any person seeking employment with a private or public school department. It is intended to be instructive but not inclusive.

In the event that potentially disqualifying information is discovered through a background check, the information will be disseminated to the appropriate administration and a decision made by the Superintendent as to whether the individual can volunteer in the Providence School District.

Individuals, who have been charged and/or convicted of certain criminal offenses, will be ineligible to serve as a volunteer in the Providence School Department. These offenses include but are not limited to the following:

- First and second degree child molestation sexual assault
- Murder
- Voluntary or involuntary manslaughter
- First, second and third degree sexual assault
- Assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature)
- Assault on persons sixty (60) years of age or older
- Felony assault
- Patient abuse
- Neglect or mistreatment of patients
- Burglary
- First degree arson
- Robbery
- Felony drug offenses
- Larceny
- Felony banking law violations