BRANDYWINE SCHOOL DISTRICT
1311 BRANDYWINE BOULEVARD
WILMINGTON, DE 19809-2306
(302)793-5000
www.brandywineschools.org

NEW VOLUNTEERS 2026-2027

A Volunteer is defined as a person providing volunteer services within a Child Serving Entity and who has Direct Access to students. Direct Access means the opportunity to have personal contact with students receiving care or education during one's assigned duties. To become an approved Volunteer in the Brandywine School District, a prospective volunteer must follow the steps below **AND** be cleared through the Human Resources Department to begin volunteering in the District. **If the Human Resources Department requires additional information from a prospective volunteer, a member of the department may reach out to request a meeting before the volunteer can be approved to provide services**.

PLEASE NOTE: Criminal Background Clearances are only valid for 12- months, per State regulations. If you wish to continue volunteering with BSD after 12 months of completing a background check, you must complete another BSD background check:

Volunteer Responsibility - Complete and return all of the following forms to the School Office Secretary:

1. Volunteer Information Form

2. Delaware Child Protection Registry Request Form: All information with an * must be completed. Forms will not be accepted without a signature. (If the Volunteer is under 18 years old, the form must be signed by a Parent or Guardian).

3. Delaware Department of Education Confidential Tuberculosis (TB) Health Questionnaire for Volunteers in Public Schools: TB forms will not be accepted without a signature. (If the Volunteer is under 18 years old, the form must be signed by a Parent or Guardian).

4. **Criminal Background Check Receipt:** Please read the CBC form carefully for instructions. The fee is currently $38.00. A Payment Receipt will be given to you upon completion of the appointment. A copy of this receipt must be returned **with** this form (see example on page 6). **Copies of a Volunteer's Criminal History report will not be accepted**. (If the Volunteer is under 18 years old, the form must be signed by a Parent or Guardian).

Note: Scheduling an appointment outside of the State of Delaware may result in additional charges.

All documents are to be collected by the individual school office. Complete packets are to be sent from the school to The Human Resources Office once ALL of the following have been completed:

- Completed Volunteer Information Form
- Completed Delaware Child Protection Registry Form
- Criminal Background Check (IdentoGo) **Receipt**
- Complete Delaware Department of Education Tuberculosis (TB) Health Questionnaire for Volunteers in a Public School
- Attach Infinite Campus printout of Legal Guardians for the students listed
- Signature of School Principal/Supervisor

Signature of Principal/Supervisor: _____ Date: _____

Office Personnel Submitting This Information: _____ Date Submitted: _____

For any additional information you may have about this process, please call the Human Resource Department at 302-793-5000.

It is the directive of the Board of Education that the Brandywine School District shall not discriminate in its employment practices or its educational programs and activities for students on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, disability, age, veteran status or other legally protected characteristic. All policies, regulations and practices of the District shall be guided by this directive.

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VOLUNTEER INFORMATION FORM

Volunteer Position (Please check as applicable)

- ☐ Coach / Athletics
- ☐ Chaperone
- ☐ Other: _____

_____ *Volunteer Name*	_____ *Today's Date*
_____ *Student Name (1)*	Brandywine High School *Student School (1)*
_____ *Student Name (2)*	Brandywine High School *Student School (2)*
_____ *Student Name (3)*	Brandywine High School *Student School (3)*

Email Address: _____ Daytime Phone Number: _____

A Volunteer is defined as a person providing volunteer services within a Child Serving Entity and who has Direct Access to students.

District expectations must be adhered to, which promotes the safety and security of our students and staff. As a Volunteer for the Brandywine School District, I agree to:

- Model appropriate behavior including appropriate dress, not use profanity, not smoking on school premises (this includes all areas inside and outside of school property), and not consume alcohol or other substances that could impair my ability to perform while involved in school-related activities.
- Abide by all district and/or school rules and policies while volunteering at all school-related activities, whether they occur at school, off-school property, or after normal school hours.

Please note: If the Human Resources Department requires further information to process a volunteer's approval, a team member will contact the volunteer to schedule a meeting before approval can be granted.

_____ *Signature of Volunteer*	_____ *Date*

The determination of suitability as a Volunteer shall be made by the Public School pursuant to The Delaware Administrative Code and any other criteria the Public School may establish. The Public School shall communicate the results of the determination of suitability to the person, in writing. If a determination is made to deny suitability based on the criminal history, the person shall have an opportunity to appeal for reconsideration.

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DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM
Web Portal

Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes ☐ No ☐

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____

Date:

Parent/Guardian Signature (If applicant is under the age of 18) _____

PART II - REQUESTER INFORMATION

Check one option below and complete required information*:

1. ☒ Agency Request – Agency Name*: **Brandywine School District Agency ID #58 Agency Number ID #96041**

2. ☐ Individual Request - Self

* Mandatory

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CBC INSTRUCTIONS (VOLUNTEERS)

As of 9/11/2023, the State of Delaware, in partnership with IdentoGO, has implemented a new procedure to complete Criminal Background Clearances. This includes online scheduling and additional locations throughout the State. Volunteers must complete a Criminal Background Clearance before they are eligible to volunteer with the District. As stated in State regulations, a Criminal Background Check obtained under Delaware Regulations for school volunteers shall only be valid for 12 months if they wish to continue volunteering with BSD. The price is $38.00. A copy of the Payment Receipt obtained upon completion of the clearance must be returned with this packet. Copies of Criminal History Reports will not be accepted.

Please Note: Scheduling an appointment outside the State of Delaware may result in additional charges.

How to Schedule an Appointment:

1. Visit https://uenroll.identogo.com/
2. Enter the Service Code specifically for Brandywine School District Volunteers: 27RY2Z
3. Click on “Schedule or Manage an Appointment”
4. Enter your Legal Name, Date of Birth, and Method of Contact – A valid email address is required for this step. Once completed, click the “Next” arrow on the bottom right-hand corner of the screen.
5. Create a security question – this is used in order to access your appointment information and results once they become available (i.e. What is your favorite color/food etc.)
6. Enter the answer to that question you created above. Once completed, click the “Next” arrow on the bottom right-hand corner of the screen.
7. Enter your country, city and state of birth and your country of Citizenship (if not a US Citizen, choose from the drop-down menu which selection applies to you). Once completed, click the “Next” arrow on the bottom right-hand corner of the screen.
8. Answer the 3 questions presented. Please note: The Service Code mentioned in Step 2 is NOT a Coupon Code used for a method of payment. This code is only used to identify you as a BSD Volunteer to ensure the results get directed to the District, so please answer “NO” for question 3. Once completed, click the “Next” arrow on the bottom right-hand corner of the screen.
9. Fill in your current mailing address. Once completed, click the “Next” arrow on the bottom righthand corner of the screen.
10. Choose the identification document you will bring with you to the appointment for IdentoGO staff to verify your identity. Be sure to bring the ID you indicated in the drop-down menu the day of your appointment. Once completed, click the “Next” arrow on the bottom right-hand corner of the screen.
11. Enter your zip code and search, the locations with available appointments will appear on the screen. Click the arrow on the location where you’d like to schedule your appointment and click next. Once completed, click the Next arrow on the bottom right-hand corner of the screen.
12. Select a date from the first drop-down menu, and a time from the second drop-down menu.
13. Click the blue Submit button to submit your enrollment.
14. A service summary will appear on the screen that gives all of the details of your appointment including the $38.00 fee, date, time, address, and acceptable forms of payment.

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SAMPLE – VOLUNTEER RECEIPT
(This is what needs to be returned with the completed packet.)

IdentoGO Center (1800014)
2300 Pennsylvania Ave
Ste 2A
Wilmington, Delaware 19806-1379

IdentoGO

Date: 07/28/2025@10:46 AM
Customer:
UE ID:

Services	
DE - PUBLIC SCHOOL VOLUNTEER - BRANDYWINE DISTRICT	$38.00
SubTotal:	$38.00
Total:	**$38.00**
Payment	$38.00
Amount Paid:	**$38.00**

Credit Card Authorization

By signing, I authorize IDEMIA and/or their agents to charge my credit card for service (s) performed and/or products purchased. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement

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Signature

Brandywine District - USE ONLY

IdentoGO

Fingerprint Service Code Form

Service Name: Public School Volunteer – Brandywine District

To Schedule your ten-minute fingerprint appointment, simply visit https://uenroll.identogo.com and enter the following Service Code

27RY2Z

Service Code is unique to your hiring/licensing agency. ***Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Name Linking Documents (only needed if name on identification does not match name in registration):

- Original or Certified Copy of a Court Ordered Name Change Document (to include marriage certificates and divorce decrees)

Don't have access to the Internet? You can still schedule an appointment by calling **866.761.8069.**

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_____ _____

Volunteer Name (PRINT) *Date*

_____

Volunteer Signature

DELAWARE DEPARTMENT OF EDUCATION[1] CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE FOR VOLUNTEERS IN PUBLIC SCHOOLS

All school students, employees, and volunteers are required to be screened for Tuberculosis (TB)2[2] 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 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 one response in the box below[3].

Can you answer "yes" to any of the questions below?

		YES	NO
1.	In the past five years, have you lived or been in close[4] contact with anyone who had active, infectious TB disease?	☐	☐
2.	Do you currently have any of the following symptoms which are unexplained which have lasted at least three weeks? (Cough, Fever, Night Sweats, Weight Loss)	☐	☐
3.	Have you ever had a positive HIV test?	☐	☐
4.	In the past five years, have you ever used illegal intravenous drugs?	☐	☐
5.	In the past five years, have you been incarcerated?	☐	☐
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?	☐	☐
7.	For the next two questions, have you travelled 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.		
	• In the past five years, have you stayed/lived in one of these countries for 1 month or longer?	☐	☐
	• 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?	☐	☐

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.

Have you ever had a positive skin test for tuberculosis?
If you checked yes, you are required to provide documentation related to current disease status prior to assignment or continued assignment as a volunteer. If you provided documentation of completing treatment for active or latent infection, no further documentation is required.

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 antibiotics = 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.

1 Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005,7/2010, 7/2013, 5/2015, 4/2018, 8/22/2019.
2 Regulation 805 can be accessed at http://www.state.de.us/research/AdminCode/title14/800.
3 To maintain the confidentiality of medical information, the volunteer should not provide an individual answer to each question. The e's response of "yes" indicates that at least one of the seven questions is correct, which means 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.
4 CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious.

CC: School Nurse_____

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Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del FD-258 tarjeta de huellas digitales.

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencies de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018