Volunteer Packet
Christina School District

All volunteers in Christina School District (CSD) buildings must follow a thorough screening process.

"Volunteer" means those persons who give their time to help others for no monetary reward and who have direct access to students. "Volunteers" for this policy are those who would be working with students, not necessarily their own children, in supervised or unsupervised school environments or events. Volunteers may include, but are not limited to classroom parents/guardians, mentors, chaperones, coaches, etc.

In order to become an approved volunteer in CSD a person must be cleared through the CSD Human Resources Department by completing the CSD School Volunteer Enrollment packet in its entirety including:

- **A.** Volunteer Information & Contract ☐
- **B.** Volunteer Disclosure Form & Agreement ☐
- **C.** Fingerprint for Criminal Background Check ☐
- **D.** Delaware Child Protection Registry Consent Form (DSCYF) ☐
- **E.** Tuberculosis (TB) Health Questionnaire ☐

VOLUNTEER INFORMATION & CONTRACT

Volunteer Name:				**Date:**	
	Last	*First*	*Middle*		
Date of Birth *(required)*:					
Address:					
	Street		*City*	*State*	*Zip*
Phone 1:			Phone 2:		
Email:					
Emergency Contact Name:			**Emergency Phone:**		
Child's Name:			**School Attending**:		
Sibling Name:			School Attending:		
Sibling Name:			School Attending:		
Sibling Name:			School Attending:		

☐ **I am requesting to be a volunteer** *(this includes, but is not limited to, classroom support, chaperoning a field trip/activity, mentor, assemblies, etc.)*

Must check all thus indicating agreement:

☐ I will respect confidentiality of students and staff

☐ I will abide by the rules and policies of the School, CSD, and the State of Delaware

☐ I will immediately report to CSD Human Resources if I am convicted for a law violation

Signature of Volunteer: Date:

Principal's Signature is required *prior* to submission of the enrollment packet and prior to any volunteering

Principal's Signature:		**Date:**	

VOLUNTEER DISCLOSURE FORM & AGREEMENT

It is the policy of the Christina School District (CSD) to make every reasonable effort to provide a safe learning environment for students working with volunteers. Subsequently, the District requires the following confidential information from volunteers who directly work with students. This form must be completed, and returned as part of the School Volunteer Enrollment Packet, to the School Office. Clearance must be received from Human Resources and the school principal prior to beginning a volunteer experience in the Christina School District. Volunteers include, but may not be limited to, parents who serve as a volunteer, mentors, or field trip chaperones.

Have you ever been convicted of a crime other than a minor traffic violation?
Yes No *(circle one)*
If yes, Please explain:

Have you ever been convicted or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment or exploitation, or any other crime related to children?
Yes No *(circle one)*
If yes, Please explain

Are you required to register as a sex offender with the Sex Offender Registry?
Yes No *(circle one)*
If yes, Please explain:

Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned?
Yes No *(circle one)*
If yes, Please explain:

I, as a volunteer working in the Christina School District, fully understand that this position is, as stated, on a volunteer basis, which, inherent in its meaning, entitles me to no pay or any form of compensation for my services. I understand that the volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

I authorize the Christina School District to review my personal background. I consent to having the Christina School District conduct a criminal background check. I understand that any misrepresentation on any of the volunteer enrollment forms may result in immediate disqualification from any volunteer service within the district. I understand the Christina School District reserves the right to deny my application to serve as a volunteer. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to this process.

CSD believes that one of the best methods of serving in a position of a school volunteer or chaperone is that of setting a good example. CSD expects that all school volunteers and chaperones will strive to set the kind of example for students that will serve them well in their own conduct and behavior which will contribute toward an appropriate school atmosphere. To that end, in dress, conduct, and interpersonal relationships, all volunteers and chaperones should recognize that they are being continually observed by students and that their actions and demeanor will be reflected in the conduct of students. The personal life of a volunteer or chaperone will not be the concern of the district unless it prevents the individual from effectively and positively performing assigned functions during work hours, or if some aspect of it violates some aspect of local, state, or federal laws. No volunteer or chaperone will commit or attempt to induce students or others to commit an act or acts or immoral, unethical, or illegal conduct, which may be harmful to others or bring discredit to the District. Immoral, unethical, or illegal conduct on the part of any volunteer or chaperone will constitute grounds for disciplinary actions, up to and including termination of their status as a volunteer or chaperone.

I have read and understand the expectations outlined in the aforementioned policy and will uphold the duties I have been assigned.

Signature:		**Date:**	

FINGERPRINT AND CRIMINAL BACKGROUND CHECK PROCEDURE

Obtaining a Certified Delaware and Federal Criminal History for the purpose of serving as a Public School Volunteer

A criminal History Background Check is obtained through fingerprints. You must provide identification, such as a valid driver's license, State issued ID (from any state), US Passport, Foreign Passport, etc. when reporting to the fingerprinting appointment. Identification must be valid, not expired and contain a photograph of the applicant.
Juveniles (under 18) must be accompanied by a parent, or guardian to authorize the criminal history. Juveniles must present either one of the above types of ID's, or a school ID is acceptable.

Certified copies of the criminal history will be forwarded to the applicant and to the HR director of Christina School District directly by State Police.

Fingerprint Locations
The State Bureau of Identification schedules fingerprint appointments at 9 locations. Hours of operation at Delaware State Police sites and partner sites can be found on the provided link. Most partner sites offer extended hours, to include weekend hours. Fingerprinting for criminal background check services are offered in the following areas: Wilmington, Newark (x2), Middletown, Dover (x2), Milford, Georgetown, and Seaford.

Schedule an Appointment
To schedule a fingerprint appointment please visit https://uenroll.identogo.com/ or call 866-761-8069. The agency service code for Christina School District is **27RY4X**. This service code will be necessary for you to complete your registration process.

Payment

The cost for fingerprinting is $38 which is paid by the applicant at the time of fingerprinting. Additional information regarding cost and payment method is provided during the appointment scheduling process.

Delaware Child Protection Registry Procedure

The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in child care, health care, and public educational facilities. Anyone seeking to volunteer in the Christina School District must participate in the Child Protection Registry (CPR) process. The report generated is shared with the individual requesting the report and Human Resources by the Department of Services for Children Youth and their Families (DSCYF).

Requesting a Child Protection Registry Report

Delaware child abuse and neglect checks must be requested through the Department of Services for Children, Youth and Their Families (DSCYF), Child Protection Registry Request Web Portal. To request a CPR report please visit the web portal at **https://childprotectionregistry.delaware.gov/s/individual-registration**.

When completing the CPR request, please provide the following agency IDs in order to ensure your report is forwarded directly to Human Resources by DSCYF.

Requesting Agency ID 1: 446

Requesting Agency Contact 1: 109161

Requesting Agency ID 2: 446

Requesting Agency Contact 2: 22868

Payment

The cost for the Child Protection Registry report is $14 which is paid by the applicant at the time in which the report is requested. Additional information regarding cost and payment method is provided during the CPR request process.

DELAWARE DEPARTMENT OF EDUCATION 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]. 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 YES or NO for each response in the box below:

Can you answer "yes" to *any* of the questions below?	
1. In the past five years, have you lived or been in close contact with anyone who had active, infectious TB disease?	**YES ✖ NO ✖**
2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks? Cough Fever Night sweats Weight loss	**YES ✖ NO ✖**
3. Have you ever had a positive HIV test?	**YES ✖ NO ✖**
3. In the past five years, have you ever used illegal intravenous drugs?	**YES ✖ NO ✖**
3. In the past five years, have you been incarcerated?	**YES ✖ NO ✖**
3. **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?	**YES ✖ NO ✖**
3. 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.	
• In the past five years, have you stayed/lived in one of these countries for 1 month or longer?	**YES ✖ NO ✖**
• 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?	**YES ✖ NO ✖**
**If you checked YES to any of the questions above, you are <u>required</u> (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.	
8. Have you ever had a positive skin test for tuberculosis?	**YES ✖ NO ✖**
**If you checked <u>YES to this question</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.	

8. Have you ever had a positive skin test for tuberculosis? YES ☐ NO ☐
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.

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.

[3]To maintain 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 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.

[4]CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious.