Volunteer Handbook

Greene County Public Schools

GREENE COUNTY
PUBLIC SCHOOLS

Dear Greene County Volunteers,

Our students are at the center of all that we do. As such, I would like to thank you for your willingness to give your time to help our teachers and schools to support our students. We recognize that there are many other things that you could do with your time; the fact that you are choosing to spend your time to contribute to our school system and our children is greatly appreciated.

Keeping our students safe is at the foundation of our mission. We are charged with caring for our most precious resource, our children, on a daily basis. While we must ensure that our students are learning and growing, we take the responsibility of keeping our children safe very seriously.

This handbook is a very valuable resource and should be reviewed carefully. Issues related to safety, confidentiality, and appropriate conduct are addressed and outlined within these pages. Please take the time to read and consider this handbook and ask questions about its contents.

Again, thank you for your contribution to our school system. Whether you volunteer once a year or multiple times a week, we are thrilled that you are choosing to be a part of our team.

Sincerely,

Andrea E. Whitmarsh
Superintendent

Building Contacts

Greene County Technical Education Center
Contact: Cindy Dewyea
Telephone: 434-939-9005

Nathanael Greene Elementary School
Contact: Tina Shifflett
Telephone: 434-939-9001

Nathanael Greene Primary School
Contact: Shanna Deane
Telephone: 434-939-9002

Ruckersville Elementary School
Contact: Megan Ice
Telephone: 434-939-9006

William Monroe High School
Contact: Heidi Kozuch
Telephone: 434-939-9004

William Monroe Middle School
Contact: Debbie Sacre
Telephone: 434-939-9003

VOLUNTEERS WORKING WITH CHILDREN ON A REGULAR BASIS

REQUIREMENTS

Each volunteer will be screened through the State Department of Social Services. The process involves a form that is completed by the volunteer and then submitted by the school for approval. The cost is paid by the school system. This form will be re-submitted for approval every three years. We hope that each volunteer realizes the necessity of this safety measure. Volunteers MUST check-in with the office and wear proper identification each and every time they volunteer. This, too, is an important safety measure. A volunteer registration form and confidentiality agreement must be completed each school year in which you plan to volunteer. A training session for new volunteers will be offered in September of each school year to offer more information and an opportunity for questions.

COMMITMENT

Every volunteer is important. We are committed to making your experience a rewarding one. In doing so, plans are made or students assigned that make your presence necessary. Please call as early as possible if you cannot come or if you will be late to allow teachers to make other arrangements.

COMMUNICATION

As a volunteer, it is crucial that the lines of communication be open and clear. If you have questions about a task, a policy, or procedure, please ask your supervising teacher. We want you to be comfortable with the assigned tasks; let the teacher know if you are unsure of expectations. Do not be shy about your talents and interests; we are constantly developing volunteer opportunities.

Remember that you are in a supportive role of the teacher and other members of the faculty. They are responsible for any decisions made in regard to students. If you are dissatisfied or upset about an incident, policy, staff member or child, please speak directly to Administration.

CONFIDENTIALITY

As a volunteer, confidentiality is important. This may include a child's grades, performance, behavior, skills or other information shared with the school. Volunteers must understand that all of this information is confidential and cannot be shared with anyone outside of the school.

VOLUNTEER JOB DESCRIPTIONS

VOLUNTEERS ON A REGULAR BASIS

Instructional volunteers and volunteer coaches provide direct services to students on a regular basis. Typically, volunteers are assigned hours or days of the week that they work with a teacher in the classroom.

Other volunteers are asked to assist or lead children in a coaching/leadership role. Volunteer coaches or assistants are often necessary for athletic or extracurricular activities.

Volunteers may be asked to work with students individually or in small groups. He/she may assist with projects, help with an assignment, or read with children.

Some volunteers work with non-English speaking or other English Language Learners.

There are occasional situations where a volunteer becomes a mentor. This is usually arranged through a specific program that requires additional training. This relationship involves close one-to-one contact providing academic support, encouragement, and friendship.

Volunteers may also support the teacher with clerical assistance.

VOLUNTEERS ON A LIMITED BASIS

Volunteers with special talents, travels, or interests may be asked to serve as a guest speaker, to lead a demonstration, or to conduct an assembly. These enrichment activities are very popular.

Volunteers are often asked to chaperone field trips or events at school.

Volunteers help support extracurricular activities at school.

Volunteers are often invited to help with school-wide projects, e.g., beautifying the grounds.

Some parents are unable to leave their homes to volunteer and complete projects in their homes.

VOLUNTEER REGISTRATION FORM

Volunteer Name: _____ Date: _____

Volunteer Address: _____ Phone: _____ (h)

_____ _____(c)

Email:_____ _____ (w)

Student Name(s): _____

Relationship to Student(s): _____

Teacher's Name(s): _____

Emergency Contact

Name: _____ Relation: _____

Phone Number(s): _____

Reference Information

Name: _____ Relation: _____

Phone Number(s): _____

Have you been convicted of a crime against children? Yes____ No____

Why do you wish to volunteer? _____

_____

How do you feel that you can be most helpful? (e.g., working individually with students, performing clerical duties, chaperoning field trips)_____

_____

Do you have any special talents, travels, or interests that you would be willing to share?

_____

_____

VOLUNTEER AGREEMENT

GREENE COUNTY PUBLIC SCHOOLS would like to welcome you as a volunteer in our system. We believe that the talents and resources of our parents, business people, civic organization members, retirees, and friends improve our educational program. Volunteers enhance school goals, as well as bridge school/community relations that provide increased learning for our students. We thank you for your time and appreciate your willingness to help our children.

Following is a code of ethics and guidelines for you to follow for the safety, protection, and right of our students as well as for you.

- I understand that I am offering my time and services as a volunteer without compensation. I am assuming full and complete responsibility for my actions while serving Greene County Schools.
- I will inform the teacher or administrator in the school of any concern about the safety or well-being of students.
- As a school volunteer, I may become aware of information about a student and his/her family which is CONFIDENTIAL. This may include a child's grades, performance, behavior, skill levels, or other information shared within the school. This would also include home address, phone numbers, or email information. I will consider any or all of this information confidential and I agree that the information should not be shared with ANYONE outside of the school.
- I will not use or disseminate student or personal photographs or information.
- I will not contact students outside of school hours without permission from the students' parents or guardians.
- I will not be alone with individual students who are not under the supervision of teachers or school authorities without permission from authorized school staff.
- I will not transport students without the expressed permission of the school and the permission of their parents or guardians.
- If I have any questions regarding policy or procedure, I will discuss the issue with a school administrator.
- I understand the procedures and ethical responsibilities of a volunteer and I agree to abide by them.

_____ _____

Volunteer Signature Date

_____

Print Name

VA Department of Social Services
Office of Background Investigations – Search Unit
5600 Cox Road, 2nd Floor
Glen Allen, VA 23060

Central Registry Release of Information Form

INSTRUCTIONS

Purpose: The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form:
(Incomplete forms will be returned) THE NOTARY REQUIREMENT HAS BEEN REMOVED AND IS NO LONGER NEEDED.

Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete the form or to print legibly will result in a failed submission. The Office of Background Investigations will not accept request forms that appear to have been altered in any manner. Forms that contain strike outs, correction tape or white-out will result in a failed submission. All failed submissions will be returned to the requester.

- The applicants **current** legal first, middle and last name should be entered on the form; all these fields are mandatory.
- If a middle name is an initial, indicate in writing "initial only" otherwise, enter a full middle name given at birth. If there is no middle name, enter NMN. Middle name is a mandatory field.
- Maiden name is required and for all is the last name at birth.
- For "other names used" list all other names used, (ie. previous married names, nick name or any legal name or gender change - provide explanation on a separate sheet of paper and attach to your search request submission). Circle the appropriate title description in this space on the form.
- If the applicant has been married, divorced and/or widowed more than once, all spouse information should be entered.
- Date of Birth (DOB) is a mandatory field for applicant, spouse, children.
- If the answer to any question is none, write "N/A".
- Sign the Central Registry Release of Information Form. Only original signatures will be accepted on the request form. No copies of the form will be accepted.
- ~~A $10.00 fee is required for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, one payment may be made for the total. All money orders, company/business checks, or cashier checks should be made payable to: Virginia Department of Social Services. Personal checks and cash will not be accepted. A $50 fee will be charged by OBI for all returned checks.)~~
- ~~OBI no longer issues or accepts billed account codes for the purpose of billing. Payment is required with every search form unless your agency/facility or program meets an exception as defined in the Code of Va. No out of state submissions are exempt from payment.~~
- Page 2 contains additional space for spouse and/or children. Utilize this space if needed.
- Search results are not transferable and are not considered official beyond the requesting agency or individual.

VA Department of Social Services
Office of Background Investigations
5600 Cox Road, 2nd Floor
Glen Allen, VA 23060

Central Registry Release of Information Form

REQUIRED: Purpose of Search ☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care
☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☐ Day Care Center ☐ Foster Parent
☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name	Greene County Public Schools
Address	PO Box 1140
City	Stanardsville **State** VA **Zip** 22973
Contact Name	Lori Eppard **Tel.#** 434-939-9000 **Ext** 1018
REQUIRED: Contact E-Mail	leppard@greenecountyschools.com

Account Code/FIPS Code
Use only an E, U, B, or T CODE:

B00703

Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

*Legal Last Name:	*Legal First Name:	*Middle Name At Birth: (If middle name is an initial, indicate "Initial Only" below)	
*Maiden Name: (Last name at birth)	*Gender: If other, write in OTHER	*Date of Birth (MM/DD/YYYY)	Race:
	☐ Male ☐ Female		
Driver's License Number or ID #:	*Social Security Number:	Other name: previous married name/nickname/name change (refer to instruction page)	
*Current Address: (Include house # and street name, Apt # if applicable)		*City:	*State: *Zip Code:

*Applicant's Prior Addresses: All Addresses

*(Include house # and street name, Apt # if applicable)	*City	*State	*Zip	*Start Date (MM/YY)	*End Date (MM/YY)

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partner

List current spouse or partner. If divorced or widowed, list all previous spouses. If never married, write 'N/A'.

*Legal Last Name:	*Legal First Name:	*Middle Name (given at birth)	*Maiden Name: (Last name at birth)	Race:	*Gender: If other, write in OTHER	*Date of Birth: (MM/DD/YYYY)
					☐ Male ☐ Female	
					☐ Male ☐ Female	
					☐ Male ☐ Female	

List all of your children. If you have none, write **'N/A'.** Include all adult children, step and foster children not living with you.

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Relationship:	*Gender: If other, write in OTHER Sex	*Date of Birth: (MM/DD/YYYY)
				☐ Male ☐ Female	
				☐ Male ☐ Female	
				☐ Male ☐ Female	

VA Department of Social Services
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5600 Cox Road, 2nd Floor
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Add additional spouse/children here:

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Maiden Name: (If listing additional Spouse)	*Relationship:	*DOB: (mm/dd/yyyy)

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION REQUIRED

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect.

Signature of person whose name is being searched — Date:

Parent or Guardian signature (Required for minor children under the age of 18) — Date: