HAMILTON LOCAL SCHOOL DISTRICT

VOLUNTEER CHECKLIST

Any person interested in volunteering for any activity (field trip, band, sports…) must complete the following packet. Every three (3) years a new BCI background check must be done before volunteering.

It is understood that each of the following must be completed entirely and be checked off and verified by the Administrative Office, located at 775 Rathmell Road, Columbus 43207, PH#491-8044x1202. Background checks are done **by appointment,** Monday through Friday from 8:00-11:00 a.m. and 1:00-2:30 p.m. at the Education Center, 775 Rathmell Road, Columbus, Ohio, 43207. BCI finger printing cost of $27.00. If you have not lived in Ohio consecutively for the last 5 years you will also need to have an FBI background check done at a cost of $30.00. Payment must be made in cash, check or money order, at the time background check is done.

An approved volunteer does not have open access to the school buildings. The volunteer must have approval from the Administrator of the building for any activities they will participate in. If there is any falsification of information the volunteer shall be disqualified immediately.

VOLUNTEER NAME: _____

ADMINISTRATION USE ONLY:

- ☐ Volunteer Information Sheet
- ☐ Volunteer Code of Conduct
- ☐ Volunteer Release and Indemnification Agreement
- ☐ BCI (Bureau of Criminal Identification) Complete
- ☐ FBI (Federal Background Check) if not lived in Ohio consecutively the last 5 years.
- ☐ Photocopy of Driver's License

_____	_____	_____
Processed by	Date	Recheck Date

HAMILTON LOCAL SCHOOL DISTRICT

VOLUNTEER INFORMATION SHEET

NAME: _____ _____ ____
(LAST NAME) (FIRST NAME) (MI)

ADDRESS: _____ _____ _____
(CITY) (ZIP CODE)

PHONE #: (____) _____ (____) _____
(HOME) (CELL)

SOCIAL SECURITY #:_____- ____- _____ DOB: ____ /____ /_____

EMAIL ADDRESS: _____

CHILDREN IN DISTRICT:_____ _____

_____ _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE #:(___) _____

NAME: _____ PHONE #:(___) _____

MEDICAL CONDITIONS / MEDICATIONS:
(Please list facts concerning any medical history, including allergies, medications being taken and any Physical conditions to which the school should be alerted to.)

_____

_____

IN WHAT CAPACITY WILL YOU BE VOLUNTEERING (Please check all that apply):

☐ General ☐ Bands ☐ Sports (additional paperwork may be required)

_____ _____/_____/_____
(SIGNATURE) (DATE)

HAMILTON
LOCAL SCHOOL DISTRICT

VOLUNTEER RELEASE, ASSUMPTION OF RISK ACKNOWLEDGMENT AND INDEMNIFICATION AGREEMENT

I, **_(PRINT NAME)_____,** the undersigned, desire to provide volunteer services to the Hamilton Local School District. In exchange for being permitted to render volunteer services, I agree to release the Hamilton Local School District from any and all claims that may arise from my providing the services, to acknowledge my assumption of the risk of such claims and to indemnify Hamilton Local School District from such claims in accordance with the terms of this Agreement (collectively, the "Release"). For the safety of the School District's students and staff, I understand that the Hamilton Local School District will run criminal record checks on potential volunteers, at my cost, and I hereby grant the School District permission to run a criminal background record check on me. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI); I accordingly agree to cooperate promptly and fully during the volunteer process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of the volunteer application. I understand that pursuant to Sections 3319.39, 3319.391, and/or 3327.10 of the Ohio Revised Code, certain criminal histories may disqualify me from volunteering in the District.

I represent to Hamilton Local School District that: (1) I am eighteen years of age or older, and I am under no disability that would impair the ability to execute this Release; (2) I am familiar with the types of tools, equipment, supplies and materials contemplated in connection with my volunteer activities, (3) I will not undertake any activity that I am not competent to safely perform, and (4) I will abide by all relevant Board policies and administrative guidelines. I acknowledge it is my sole responsibility to evaluate the risks inherent in my volunteer services, including, without limitation, dangers exposed by willful or negligent conduct by myself and/or others. Except as otherwise provided herein, I voluntarily assume full responsibility for all risks of damage and personal injury arising out of my volunteer services

In exchange for the Hamilton Local School District's agreement to permit me to provide volunteer services, I for myself and my heirs, executors and assigns, release, covenant not to sue and agree to hold harmless and indemnify the Hamilton Local School District, its Board of Education, and its individual board members, employees and agents, from any and all liability of any kind, arising from negligence or otherwise, and from all damages which might result from my volunteer services, including, but not limited to, property damage, bodily, personal or emotional injury, including death except as otherwise provided by this Release.

I understand that the Hamilton Local School District may have purchased a policy of liability insurance that may provide coverage for some of my volunteer activities. This Release shall apply only to bar claims against the School District of which: (1) there is no policy of insurance insuring the School District against liability with respect to such claim or; (2) claims for which the School District has a policy of liability insurance providing coverage with respect to such claim, to the extent that the amount of the claim or claims exceed the amount of available insurance coverage. Nothing in the Release will be interpreted as requiring the Hamilton Local School District to purchase any policy of liability insurance.

I and Hamilton Local School District agree that this document is intended to be as broad and inclusive as permitted by law and that, if any portion of it is held invalid, the remaining provisions shall be binding and continue in full force and effect.

I, the undersigned, have read the above carefully, understand its significance, and voluntarily agree to all of its terms.

_____	_____	_____
Printed Name	Signature	Date

HAMILTON
LOCAL SCHOOL DISTRICT

VOLUNTEER CODE OF CONDUCT

The following Code of Conduct applies to all individuals who provide volunteer services in the Hamilton Local School District. An approved volunteer does not have open access to the school buildings. The volunteer must have approval from the Administrator of the building for any activities they will participate in. If there is any falsification of information or actions that are inconsistent with the Code of Conduct, or District Policy, the volunteer shall be disqualified immediately.

Volunteers must:

- Treat everyone with respect, patience, integrity and courtesy.
- Behave and dress in compliance with the Student Handbook.
- Put safety first and adhere to all school safety protocol.
- Respect the rights of individuals without regard to race, color, religion, national origin, disability, sexual orientation, age, sex or marital status and maintain the appropriate level of confidentiality.
- Report any illegal activity to the School's Administrator or appropriate staff member.
- Take instruction from and not obstruct the responsible staff member in any way in regards to the execution of their duties.

Volunteers must not:

- Smoke or use tobacco products while volunteering and/or on school property.
- Use, possess, distribute or be under the influence of alcohol or drugs at any time while volunteering and/or on school property.
- Verbally harass, use profanity, abuse, inappropriately touch, threaten, and intimidate students, staff or any individual while volunteering and/or on school grounds.
- Disclose, use or disseminate student photographs or personal information about students, staff.

I understand and agree to adhere to the "Volunteer Code of Conduct" at all times and failure to do so can result in my immediate removal as a volunteer.

_____	_____	_____
Printed Name	Signature	Date