Ouachita Parish School Board
1600 N. 7th St
West Monroe, La 71291
318-432-5000 www.opsb.net

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

Personnel Department
Phone: 318-432-5230
Fax: 318-432-5222

Volunteer Paperwork

The following documents **are required** to work.

- Current Driver's License or State ID (cannot be a copy or LA Wallet, must be the actual card)
- Social Security Card *Application must be completed with the name that matches your social security card
- Birth Certificate

Note: **Please print out one sided only.** The application must be completed, signed and dated for the date of your appointment. Failure to have all documents will cause your appointment to be rescheduled. Copies of your documents can be made at the time of your appointment. If you have any questions filling out the application, you can call Morgan for help.

- You must be fingerprinted for a background check at the School Board office. The cost is $10.00. To be fingerprinted please follow the directions below in order as written.
  - Call Morgan Futch for an appointment.
  - Pre-register for your background check. Read page 2 for steps on how to register for your background check. This is a required step and must be done at least one day before your appointment.
  - Bring all paperwork, required documents and go to where it says volunteers click here to pay to pay for your background check. You will find this link where you register for your background check.

- You must call the phone number below to make an appointment, cancel or reschedule. If I do not answer, leave your name and number so I can return your call. If you do not leave your name and number, I have no way of knowing you have called. I usually return calls right away unless I am out of the office.

You will come to 1600 N. 7th St. West Monroe, La for your appointment.

Morgan Futch
Phone: 318-432-5230
Email: Morgan.Futch@opsb.net

VOLUNTEER BACKGROUND CHECK INFORMATION

Fingerprint Payment Method: **it is best to do this on a computer or laptop**
Go to:
Opsb.net
Jobs
volunteer

1. **Fingerprint information**
2. **Volunteers click here to pay.**

PLEASE READ ALL 6 STEPS BEFORE YOU GO TO STEP 1.
You must have an appointment before you can register for a background check

Step 1: Click the **Identigo Link Here**.

Step 2: Once on the website, fill out all information.

Step 3: When you get to the part that asks you to pick the location, type in SP-WESTMONROE (just like it is typed here, all caps no spaces).

Step 4: After you type in SP-WESTMONROE, click on the **magnifying glass/search**. **DO NOT CLICK WHERE IT SAYS USE MY LOCATION**. When our location, 1600 N. 7th St, pops up hit the next button that is beside our location information. DO NOT REGISTER AT THE ST. JOHN LOCATION. WE DO THE BACKGROUND CHECK HERE IN THE OFFICE.

Step 5: When it asks you to set an appointment date and time, please put in the appointment time that Morgan Futch gave you. If your appointment time is not shown pick the one closest to yours. (Example: If your appointment time is 9:00 a.m., but the only time available is 12:00, choose 12:00 but still show up at 9:00 am.)

Step 6: Bring in paperwork, all identification, and debit card or credit card to pay for your background check to Morgan at the time of your appointment.

You will click on volunteers click here to pay to pay your $10 fingerprint fee.

For any other questions, please call Morgan Futch at 318-432-5230.

**If you have ever been arrested for a felony you will not be permitted to work for Ouachita Parish School System. If you had a felony and it was dropped or dismissed, please bring the papers with you at the time of your appointment for proof.

Fingerprint 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

Acknowledgment and Consent
"By signing below, I acknowledge that I have received, read, and understood the Fingerprint Privacy Act Statement. I consent to the collection and processing of my fingerprints for the purposes outlined in this notice."

_____ _____

Signature **Date**

OUACHITA PARISH SCHOOLS
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Jason Thompson
Chief of Staff

jasonthompson@ospb.net
318-432-5206

VOLUNTEER OF SERVICES FORM

Name (as shown on Social): _____

Social Security Number: _____

Birth Date: _____

School volunteering for: _____

Services volunteering for: _____

By volunteering for the Ouachita Parish School Board, I understand and agree to the following:

1. I am not under any obligation, or expected to perform the above-described services.
2. I will not receive a compensation for my services.
3. I understand that I must follow and comply with all policies, regulations, and procedures of the Ouachita Parish School Board and laws of the State of Louisiana.
4. I understand that I shall not abuse any child or student by physical or emotional means or commit any criminal act involving a minor student.
5. I understand that I must agree to undergo and extensive criminal background check as required by statute.
6. I understand that I cannot use alcohol or illegal drugs or be under the influence of alcohol or any drugs white volunteering in any school – related program.

Signature: _____ Date: _____

STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILD ABUSE AND NEGLECT REQUEST AND CONSENT FORM B

This form must be completed by any person who is requesting a Child Abuse and Neglect Clearance, and signed by the applicant. This form must be signed by the requestor, who will receive the results of the child abuse and neglect clearance. Completing the optional identifying information fields on the form will assist in conducting an accurate search.

This consent form shall be used for Licensed Out of State Child Care Facilities; Louisiana DCFS Licensed Facilities; Louisiana Department of Health Licensed Therapeutic Group Homes; Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution; In State Licensed Office of Juvenile Justice Detention Center employees; In State School Administrators, Teachers, or Other School Employees; and Owners, Operators, or participants in the governance of an In State DCFS Licensed residential facility.

Note: Licensed Early Learning Centers located on school campuses must utilize the background clearance process through LDOE

I. Employer's Identifying Information:

*Name of Employer, Agency, or Facility (Print or Type)	*Entity Type
Ouachita Parish School Board	○ Out of State Child Care Facilities ○ Louisiana DCFS Licensed Facilities ○ Louisiana Department of Health Licensed Therapeutic Group Homes ○ Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution ○ In State Licensed Office of Juvenile Justice Detention Center employees ● In State School Administrators, Teachers, or Other School Employees ○ Owners, Operators, or participants in the governance of an In State DCFS Licensed residential facility

*Physical Address	*City	*State	*Zip
1600 North 7th Street	West Monroe	LA	71291
*Mailing Address	*City	*State	*Zip
1600 North 7th Street	West Monroe	LA	71291

*Work Phone # (one main contact number is mandatory)	*Home Phone #	*Alternate Phone #
(318)432-5206		(318)432-5206
Provider # (If Applicable)	Agency License # (If applicable)	EIN # (If Applicable)
		FEIN 726001066

II. Applicant's Information:

*Last Name	*First Name		*Middle Name
*Aliases, Maiden Name, Previous Married Name(s):			
*Date of Birth:	*Place of Birth (city)	*Place of Birth (state)	*Social Security #
*Race: ☐ White ☐ Black/African-American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ Other	*(Circle)	Male	Female
*Home Phone # (one main contact number is mandatory)	*Cell Phone	*Work Phone #	*Alternate Phone #
*Current Physical Address	*City	*State	*Zip
*Mailing Address	*City	*State	*Zip
*Email Address:			
*Identification Type ☐ State Issued Driving License ☐ State Issued Identification	*Identification (ID) #	*State Issued By	*ID Expiration Date
*Marital Status	Spouse (name) (if married)		Spouse (DOB) (if married)
Previous Spouse (name)	Previous Spouse (DOB)		
Previous Spouse (name)	Previous Spouse (DOB)		

*List previous addresses for the past 5 years:

*Physical Address	*City	*State	*Zip	*From MM___ YR___ *To MM___ YR___
Physical Address	City	State	Zip	From MM___ YR___ To MM___ YR___
Physical Address	City	State	Zip	From MM___ YR___ To MM___ YR___
Physical Address	City	State	Zip	From MM___ YR___ To MM___ YR___
Physical Address	City	State	Zip	From MM___ YR___ To MM___ YR___

List children that the applicant has been responsible for: (*This information will only be used to confirm the accuracy of applicant's agency history)

First Name	Last Name	Date of Birth	Gender	Race

III. Applicant's Consent

The information given is true and complete to the best of my knowledge. I understand that in signing this form I give permission for DCFS to conduct a clearance of the State Central Registry which contains information with regards to reports of certain valid/substantiated cases of child abuse and neglect, and release the results to the requestor noted above and licensing agency. Furthermore, this consent shall terminate a year from the date of my signature below. I also understand that I may be contacted by DCFS for additional information needed to finalize the clearance. I understand that the information I provide about myself shall be used solely for the purpose of conducting the State Central Registry check. I consent for DCFS to conduct a clearance of the state central registry and release all valid/ substantiated information to the requestor below for a determination to be made.

Signature of Applicant_____ **Date**_____

IV. Requestors Agreement

I acknowledge that any information received from the Department of Children and Family Services regarding the individual's inclusion in the State Central Registry is confidential and that this information cannot be shared with anyone unless otherwise allowed by State or Federal Laws/Regulations. All applicable federal and state laws and regulations shall apply including but not limited to Louisiana Revised Statute 46:56, which includes criminal penalties for the sharing of confidential information. I hereby certify that I am requesting a check of the State Central Registry, with the written consent of the individual. I understand that the State Central Registry clearance results for school employees, along with owners, operators and participants in the governance of an In-State DCFS Licensed residential facility only include investigations that began on or after 8/1/18.

Printed Name of Requestor: Kim Arthurs

Signature of Requestor: Kim Arthurs Date:_____

If this clearance is being submitted for employment purposes, by a Licensed Out of State Child Care Facility, Louisiana DCFS Licensed Facility, Louisiana DCFS Licensed Therapeutic Group Homes, Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution and In State Licensed Office of Juvenile

Justice Detention Center employees the employee's state issued driving license or state issued identification, along with a $25.00 payment for the clearance must be submitted, in order for the clearance to be processed. For other clearance types a $25.00 payment will not be charged, however the employee's state issued driving license or state issued identification, must be submitted.