



**CAPITAL**  
SCHOOL DISTRICT

**Board of Education Policy**

Section: Home, School and Community
Title: Volunteer Policy
Policy #: 400-09
Date Approved: 09/12/2018
Date Revised: 08/15/18

**Volunteer Policy**

**Purpose: To enact a system of safeguards and procedures for the use of volunteers within the school and related school functions.**

**1. All volunteers, with the exception of visitors and one-time volunteers who remain at school, must complete a volunteer application packet which includes the following:**

- Enrollment Form on the district website
- Criminal History Record Check
- Delaware Child Protection Registry Check
- Volunteer Confidentiality and Discrimination Statement

**2. Volunteer application packets must be renewed each year, including the Delaware Child Protection Registry Check.**

Volunteer interests, availability and emergency contact information may change from year to year and should be current at each site where a volunteer works.

A Criminal History Record Check must be completed with the first volunteer application and thereafter when the student moves up to William Henry Middle School and Dover High School.

The Capital School District reserves the right to deny a volunteer application based on the results of a Criminal Background History Record and/or Delaware Child Protection Registry Check.

**3. Visitors and one-time volunteers do not need to complete an application UNLESS they accompany students off campus (field trips).**

One-time volunteers and visitors who remain under the direct supervision of teachers and staff while at school DO NOT need to complete the application packet. These volunteers should not be left alone with or have unsupervised contact with individuals or groups of students.

Examples of one-time volunteers: grandparent visiting a classroom; person presenting information to the class on a one-time basis; parents, friends or relatives who attend a class party or one-time event in the classroom.

Any volunteers accompanying students off campus, however, must complete a volunteer packet. Volunteers on field trips are more likely to be alone with students, take students in small groups, and are responsible at a different level than at school.

Failure to be approved prior to the date of the field trip may cause a volunteer not to be permitted to attend a field trip.

**4. A copy of the volunteer packet must be on file at each school.**

A school receiving a volunteer's application packet should send a copy of the packet to each school where the individual plans to volunteer.

**5. All volunteers, including one-time volunteers and visitors must:**

- Sign in and out at their school/site location.
- Wear identification badges during their volunteer activity or experience.
- Acknowledge that "relationships developed with children at school need to remain at school" and that, for their own protection, "volunteers should never be left alone with a child that is out of view of school personnel or another adult volunteer."



**Placement Information:** The following information will allow us to match your expertise, interest, and skills with staff requests for volunteers. It will also assist us in recognizing your volunteer efforts.

Location Preference \_\_\_\_\_ Grade Level(s) Preferred \_\_\_\_\_

Please indicate below by checking which category(s) you prefer as a volunteer:

- Classroom volunteer
- Art Instruction
- Science Instruction
- Technology Instruction
- Playground
- Field Trips

- Special events
- Mentor
- Tutor
- Enrichment activities
- Lunch room

- Library
- Special Ed
- Clerical
- Office support
- Other \_\_\_\_\_

## Capital School District Volunteer Disclosure Form

It is the policy of the Capital School District to make every reasonable effort to provide a safe learning environment for students working with volunteers. Accordingly, the District requires the following confidential information from volunteers who directly work with students.

This form must be completed and returned to the School Office. Clearance must be received from the school administration prior to beginning a volunteer experience in the Capital School District. Volunteers include, *but may not be limited to*, parents who serve as a volunteer, mentors, or field trip chaperones.

Answer **YES** or **NO** to each item below. If the answer is **YES** to any item, please explain in the area provided indicating the charge or finding, the date, and the court(s) involved. Use back of form if additional space is needed. By answering yes to any of the questions below, it is not an automatic disqualification.

1. Have you ever been convicted of any violation of the law other than a minor traffic violation?

Answer \_\_\_\_\_ If "YES" explain \_\_\_\_\_

2. 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 a minor?

Answer \_\_\_\_\_ If "YES" explain \_\_\_\_\_

3. Have you ever entered a plea of nolo contendere (no contest) to any charge against you?

Answer \_\_\_\_\_ If "YES" explain \_\_\_\_\_

4. Are you required to register as a sex offender with the Sex Offender Registry?

Answer \_\_\_\_\_ If "YES" explain \_\_\_\_\_

5. Do you have any criminal charges pending against you or are there any ongoing investigations relating to any of the aforementioned? Are you currently involved in any criminal proceeding, including supervised or unsupervised probation?

Answer \_\_\_\_\_ If "YES" explain \_\_\_\_\_

I, as a volunteer working in the Capital School District, fully understand that this position is voluntary and creates no entitlement of compensation or benefits in any form for my services. I further understand that this volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

I authorize the Capital School District to review my personal background. I consent to having Capital School District or its agent conduct a criminal background check and a child abuse registry check. I understand that any misrepresentation on any of the volunteer enrollment form may result in immediate disqualification from any volunteer service within the Capital School District. I understand that the Capital School District reserves the right to deny my application to serve as a volunteer. I hereby release the Capital School 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.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

I further understand that abuse, neglect, exploitation and corporal punishment of students within the Capital School District will not be tolerated. I acknowledge that abuse, neglect, exploitation and corporal punishment by a volunteer are in violation of Delaware statutes on students' rights and could result in criminal prosecution.

I clearly understand that any actions on my part counter to the above regulations can result in the loss of my position as a volunteer. I further understand that these regulations will be followed consistently in all Capital School District facilities.

*My signature below indicates that all information provided on this form is, to the best of my knowledge, true and accurate and that I understand the above stated policies. Furthermore, it is the responsibility of the undersigned to apprise the school/district if there is any change in status of the answers provided under this disclosure.*

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH QUESTIONNAIRE FOR VOLUNTEERS

The purpose of this questionnaire is to safeguard school-aged children from exposure to TB in the school setting. In the same way, this questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further screening. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner.

Please consider the following questions:

1. Have you ever lived or been in close contact with anyone who had TB disease?
2. Have you ever had a positive HIV test?
3. Have you ever used illegal intravenous drugs?
4. Have you ever been incarcerated?
5. Have you ever been homeless?
6. 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

7. Consider the list of countries/continents below:

- Africa
- Asia, including China, Vietnam, Korea, Indonesia, India, Pakistan, Bangladesh
- Eastern Europe, including Russia and former Soviet Union, Armenia
- Haiti
- Latin America, including Mexico, Guatemala, and South America
- Pacific Islands, including Philippines

Were you born in one of these countries?

Have you stayed/lived in one of these countries for 1 month or longer?

Have you ever lived or been in close contact with someone who stayed/lived in one of these countries for 1 month or longer?

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

( ) Yes ( ) No

If you checked yes, you are required to have a Mantoux test prior to your assignment as a volunteer.

Have you ever had a positive skin test for tuberculosis?

( ) Yes ( ) No

If you checked yes, you are required to provide documentation related to current disease status prior to your assignment as a volunteer.

These survey requirements are for the safety of our schools 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, can detect if a person has been exposed to tuberculosis. Such early identification is of great benefit in reducing the effects of disease. 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 addition information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-739-6620.

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PRINTED NAME

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SIGNATURE

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DATE



**Capital School District  
Volunteer Confidentiality and  
Discrimination Statement**

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a volunteer for the Capital School District I will:

- Respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization.
- Keep personal information confidential at school and after I leave school.
- Be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- Immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
- Make reasonable efforts to assure that each student is protected from harassment or discrimination.
- Not harass nor discriminate against student, staff member or volunteer on the basis of race, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.
- Abide by the rules and policies of the school and school district.

I also understand that relationships developed with children at school should remain at school and that for the protection of the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of school personnel or another adult volunteer.

**Volunteers are also reminded that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the Capital School District cannot and will not grant this permission.**

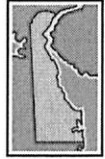
Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Required before volunteering in classroom



# DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

## PART I. APPLICANT INFORMATION *(PLEASE PRINT CLEARLY)*

Name: \_\_\_\_\_  
Last First Middle

Other Name(s) used: \_\_\_\_\_ DE Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
yyymmdd

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 agency/organization with all substantiated cases of child abuse or neglect concerning me contained in 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. AGENCY INFORMATION - *(MUST BE COMPLETED IN ORDER TO PROCESS)*

Agency Identification Number (if applicable): 466

Contact ID: 2716

Requesting Agency Name: Capital School District – Casual/Seasonal

Address: 198 Commerce Way, Dover, DE 19904

Phone: (302)857-4215 Fax: (302)672-1516 Contact Person: Kim Mills

Contact Email: kim.mills@capital.k12.de.us

### DSCYF USE ONLY:

The individual listed above (    is listed) (    is NOT listed) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_

*\* Return this completed form to Capital School District - do not send directly to DSCYF. Thank you.*