

## **Volunteer Information Sheet for Parents and Guardians**

- A volunteer is an adult who is left alone to supervise students.
  Volunteers may include tutors or chaperones on a school trip.
- A visitor is an adult who comes into the school or a classroom, but is always in the presence of a Teacher or Administrator.
- Volunteers are required by State of Delaware code to have a criminal background check (CBC).
- Volunteers who are already on the Lake Forest Volunteer list do not need to get a *new* criminal background Check or complete a new packet.
- NEW volunteers should obtain a Volunteer Packet from their child's school. The school will submit the completed packet to the Office of Human Resources. Once all clearances and paperwork are received, the volunteer will be added to the Lake Forest Volunteer list.
- Volunteers currently employed by other State of Delaware agencies may request that their agency send to Lake Forest Human Resources a "true copy" of their Criminal Background check that is signed and dated by their agency official.
- The School Administrator will determine if you need a Volunteer Packet or if you are considered a visitor to the school.

Thank you for helping our students by serving as a visitor or volunteer!



# **Volunteer Packet**

- Policy and guidelines for becoming a volunteer are found in Delaware Code Title 31 §309 and Board Policy IJOC- School Volunteers.
- Required for any circumstances where the volunteer will be <u>outside the sight</u> of a teacher or administrator. This includes, but is not limited to, mentoring students and all field trips.
- State of Delaware and FBI Criminal Background Check Required
- \$18 fee (to be paid by individual to the State of Bureau of Identification.) Note: If an individual is currently employed by a State of Delaware Agency, they may request the agency send us (via state mail) a "True Copy" of the CBC that is signed and dated by the Agency official. Current Employees of the Lake Forest School District will not require a CBC, or any packet.

To obtain a State of Delaware and FBI Criminal Background Check, please go to:

BLUE HEN CORPORATE CENTER AND MALL SUITE 1B 655 BAY ROAD (US 113) HOURS:

Monday, 8:30AM – 6:30 PM Tuesday through Friday, 8:30AM – 3:30PM

Cash, money order, Visa, MasterCard and Discover accepted

Personal checks are NOT accepted



#### SCHOOL VOLUNTEER ENROLLMENT FORM

Name:					
	Last	First		Middle	
Address:					
	Street	City	State	Zip	
Telephone:	(Home)		(Work/Cell)		
Emergency (	Contact: Name		Phone:		
Student Nan	ne:	Curre	nt School Attending:		
bibling Nam	es:	Curre	_ Current School Attending:		
Sibling Nam	es:	Curre	Current School Attending:		
Volunteer (	staff may be present. (State of Delaware and the Volunteer)		volunteering in a classroom w		
As a volunte	er in the Lake Forest Sch	ool District I agree to:			
	Respect confidentiality	when dealing with stude	nts and school staff.		
	Abide by the rules and policies of the school and the school district.				
	Immediately report to Lake Forest School District Human Resources if you are convicted of a crim other than a minor traffic violation or had an administrative finding of violating any law involving child abuse, sexual abuse, sexual harassment, exploitation, any other crimes related to children, or register as a sex offender with the Sex Offender Registry.				
Signature of	Volunteer:		_ Date:		
Signature of	Administrator*:	nistrator approval required before	Date:		

This enrollment form will be kept on file at the District Office.

Lake Forest School District does not discriminate in employment or in educational programs, services or activities based on race, color, national origin, sex, age, or disability in accordance with state and federal laws. Inquiries should be directed to the Human Resources Director, Lake Forest Central Business Office, 5423 Killen's Pond Road, Felton, Delaware 19943. Telephone: (302)284-3020. Persons with disabilities or other special needs are encouraged to make contact as soon as possible, in order that reasonable accommodations can be made.



#### **Volunteer Conduct**

The Lake Forest School District Board of Education 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. The Board 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 any local, state, or federal laws. No volunteer or chaperone will commit or attempt to induce students or others to commit an act or acts of immoral, unethical, or illegal conduct, which may be harmful to others or bring discredit to the District. Immoral, unethical, or illegal conduct while performing the duties of volunteer or chaperone will constitute grounds for termination of the status as a volunteer or chaperone.

I have read and understand the above expectations.			
*Signature	Date		
Print Name	School		

\*Signature required before volunteer may work with students.



## **Volunteer Disclosure Form**

It is the policy of the Lake Forest School District 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 to the Office of Human Resources prior to beginning a volunteer experience in the Lake Forest School District.

•	rime other than a minor traffic violation?	Yes	No
abuse, sexual harassment or exploitatio	had an administrative finding, of violating any lon, or any other crime related to children?	law involving child a	abuse, sexual No
• •	offender with the Sex Offender Registry?	Yes	No
	ling or are there any ongoing investigations relat	Yes	No
which inherent in its meaning, entitles	nool District, fully understand that this position me to no pay or any form of compensation for r without notice at any time by either the District	my services. I under	
from any other volunteer service within to deny my application to serve as a	on any of the volunteer enrollment form may rent the District. I understand that the Lake Forest volunteer. I hereby release the District, its Bouility related to furnishing and receiving information.	School District reservant and its agents, a	rves the right as well as all
*Signature	Date		
Printed Name	_		

\*Signature required before volunteer may work with students

Employee Name:	Date:	
<b>Employee Signature:</b>		

### Delaware Department of Education CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE FOR SCHOOL EMPLOYEES<sup>1</sup>

The Delaware Department of Education Regulation 805² requires all school employees to provide Tuberculosis (TB) Test results during the first 15 days of employment and to be re-screened every five years This form can be used for the following: required screening of all³ personnel every 5<sup>th</sup> year, by October 15; routine follow-up screening; or screening of a new employee, who has moved to a new district within the 5 year period. This document shall be retained in the same manner as other confidential personnel medical information. This document cannot be used in lieu of TB testing for a new employee. The employee may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

Please consider the following questions and circle only **ONE** response in the box below<sup>4</sup>

	Can you answer "yes" to any of the questions below?	<u></u>	
	In the past five years, have you lived or been in close <sup>5</sup> contact with anyone who had active, infectious TB disease?		
	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		
3.	Have you ever had a positive HIV test?		
4.	In the past five years, have you ever used illegal intravenous drugs?	YES NO	
5.	In the past five years, have you been incarcerated?		
6.	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?		
	· · · · · · · · · · · · · · · · · · ·		
	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?		
	• 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?		
1.5	and the lad WEC and a seried (within 2 and la) to annuid and Control Control		
	ou checked YES, you are <u>required</u> (within 2 weeks) to provide verification from a licens he Division of Public Health that there is no communicable threat.	sed nealth care provider	
J1 t	ine 21, 1510 in of 1 dotte Health that there is no communicate throat.		
Have	e you ever had a positive skin test for tuberculosis?	☐ No	
If you checked <u>ves</u> , you are <u>required</u> to provide documentation related to current disease status prior to your			
assignment or continued assignment as an employee. If you have provided documentation of completing			
reatment for active or latent infection, no further documentation is required.			

If you have any questions about your risk of infection, please speak with your healthcare provider or contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005, 7/2010, 7/2013, 5/2015, 4/2018, 8/22/2019

<sup>&</sup>lt;sup>2</sup>Regulation 805 can be accessed at http://www.state.de.us/research/AdminCode/title14/800.

<sup>&</sup>lt;sup>3</sup>Anyone with a previous positive TB test shall provide updated information regarding disease status and treatment to the public school by October 15 every fifth year if the prescribed treatment was previously contraindicated, incomplete or unknown.

<sup>&</sup>lt;sup>4</sup>To maintain confidentiality of medical information, the employee should not provide an individual answer to each question. The employee's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The employee should not indicate which one. The employee may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

<sup>&</sup>lt;sup>5</sup>CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious.

#### **DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM**



Fax or Mail Request to:

OCCL, Criminal History Unit Concord Plaza, Hagley Building 3411 Silverside Road Wilmington, DE 19810



Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Do not use a cover sheet
- Do not send duplicate requests
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

Name:	First		Midd	lle
Other Name(s) used:		DF I	rivers License	· #
Social Security #	Date of Birth:	mm / dd / yyyy	Gender:	Race:
Address:(Street)		IIIII / dd / yyyy		
(Street)	(City)		(State)	(Zip)
Are you on the Delaware child prote	ection registry for any substa	ntiated cases of child	d abuse/neglect	t? [ ] Yes [ ] No
If yes, explain:				
I hereby authorize The Delaware Depagency/organization with all substantia registry. I further release the Delaware from any and all claims arising out of organization.	ted cases of child abuse or neg e Department of Services for C	glect concerning me conclided the Children, Youth and T	ontained in the I heir Families, it	Delaware child protection is officers and employees
Signature: Date:				
Parent / Guardian Signature (If appl	icant is under the age of 18)			
PART II. AGENCY/ORGANIZA	· ·			
Agangy Identification Number (i	familia bla). 265			
Agency Identification Number (i	f applicable): <u>265</u>			
Contact ID: 2569				
Requesting Agency Name: <u>La</u>	ake Forest School District			
Address: 5423 Killens Pon	d Road, Felton, DE 19943			
Phone: (302) 284-3020 Fax	x: (302) 284-4491	Contact Person:	Cora Reed	
Contact Email: <u>cora.reed@lf.k1</u>	2.de.us			
	DSCYF USE	ONLY:		
The individual listed above ( is listed) (	is NOT listed) on the Delaware	Child Protection Registr	y.	
Date: DSCYF Crimina	al History Unit			