

VOLUNTEERS IN SCHOOLS

STATEMENT POLICY

Barrington Public Schools appreciates volunteer efforts in its schools. Parents, college students, senior citizens, elected officials, business representatives, and community members are important sources of support and expertise that enrich the instructional program, assist teachers, and connect the student body with the community.

DESCRIPTION

A volunteer is any non-compensated person who wishes to donate his/her time within a school building, at a school sponsored event, or where children are present.

Volunteers must adhere to all Barrington Public Schools policies and regulations including but not limited to Code of Conduct, Confidentiality, etc.

Volunteers shall not physically discipline a student.

REQUIREMENT

Volunteers shall be required to complete an Application and an Information and Disclosure Statement.

Volunteers may be required to participate in an orientation and/or training established by Barrington Public Schools.

Volunteers shall be required to read and sign acknowledgement of doing so on the application.

AGE REQUIREMENT

Volunteers must be a minimum of 18 years of age.

CONFIDENTIALITY

Volunteers must adhere to the confidentiality of what is observed and not shared outside the classroom. Volunteers must maintain confidentiality, and are not permitted to discuss student/school related issues in the outside community.

Volunteers shall not have access to confidential information/files/records.

SAFETY AND SECURITY

Upon initial application, all volunteers shall be required to obtain a Rhode Island BCI (Bureau of Criminal Identification). All out-of-state volunteers, or volunteer applicants who have not resided in Rhode Island for a period of one year, shall be required to obtain a National Fingerprint BCI.

The cost of the background check, if any, is the responsibility of the applicant.

Volunteers should not be with a student/s unless in the presence of a classroom teacher, administrator, or appropriate school personnel. A volunteer shall not be in a one-on-one situation with a child, during or outside of a school day.

Volunteers must provide identification and sign in/out at the school's main office.

Volunteers shall wear the "Visitor's" badge or other means of identification, as required by school policy.

VOLUNTEER LIABILITY AND INDEMNIFICATION

A volunteer shall at all times indemnify and save harmless the Barrington Public Schools and its officers, agents and employees on account of and from any and all claims, damages, losses, judgments, workers' compensation payments, litigations expenses and legal counsel fees arising out of injuries to persons (including death) or damage to property alleged to have been sustained by (a) officers, agents and employees of the Barrington Public Schools or (b) any other person, which injuries are alleged to have occurred on or near the work or to have been caused in whole or in part by the acts, omissions or neglect of the volunteer.

EXCLUSION

This Policy may not apply to parents observing classrooms, guest speakers, performers, student mentors who are enrolled in Barrington Public Schools, truancy court personnel, newspaper reporters, vendors for school related items such as rings, yearbooks, delivery vendors, and alike, provided they are accompanied by the Superintendent or school personnel.

RECORDS RETENTION

The Office of Human Resources shall maintain an accurate file of signed Volunteer Disclosure Statements and criminal background checks as required by Policy.

DISQUALIFYING INFORMATION

If there is any disqualifying information concerning a potential volunteer, it will be noted by the Attorney General's office. It is the responsibility of the Superintendent or his/her designee to meet with that person and explain that he/she will not be able to participate due to the information contained in the report(s).

“Disqualifying information” means those offenses listed in [§ 23-17-37](#), and those offenses listed in [§§ 11-37-8.1](#) and [11-37-8.3](#).

[§ 23-17-37 Disqualifying information.](#) – (a) Information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny, or felony banking law violations. An employee against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the employee.

(b) For purposes of this section, "conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant has entered into a deferred sentence agreement with the Attorney General.

[§ 11-37-8.1 First degree child molestation sexual assault.](#) – A person is guilty of first degree child molestation sexual assault if he or she engages in sexual penetration with a person fourteen (14) years of age or under.

[§ 11-37-8.3 Second degree child molestation sexual assault.](#) – A person is guilty of a second degree child molestation sexual assault if he or she engages in sexual contact with another person fourteen (14) years of age or under.

APPEALS PROCESS

Any volunteer against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the Superintendent, who shall make a judgment regarding whether the individual may volunteer in Barrington Public Schools.

Any volunteer wishing to appeal the Superintendent's decision may do so by writing a letter to the Chairperson of the School Committee within ten days of the Superintendent's decision, requesting a hearing before the School Committee.

ENACTMENT

This policy shall take effect immediately.

Policy Adopted 12/19/13

BARRINGTON PUBLIC SCHOOLS
283 County Road
Barrington, RI 02806

VOLUNTEER DISCLOSURE STATEMENT

It is the Policy of Barrington Public Schools to make reasonable efforts to provide a safe learning environment for students and staffs working with volunteers.

Therefore, Barrington Public Schools requires the following information from all volunteers.

SCHOOL NAME _____

VOLUNTEER NAME _____

MAIDEN NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

IDENTIFICATION – DRIVER'S LICENSE NUMBER _____

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?
_____ Yes _____ No

Have you lived outside of Rhode Island in the past year? _____ Yes _____ No

I have read the Volunteers in Schools Policy preceding this disclosure statement and agree to abide by the Terms and Conditions thereof as required.

SIGNATURE _____ DATE _____

SCHOOL PRINCIPAL _____ DATE _____

**COPY OF APPLICANT'S IDENTIFICATION OR DRIVER'S LICENSE MUST BE
ATTACHED TO THIS FORM.**
CRIMINAL IDENTIFICATION RECORDS POLICY

Any and all persons hereinafter seeking to volunteer with Barrington Public

Schools shall include with his/her application, a Criminal History Record Check from the Rhode Island Department of Attorney General, or in the alternate, a duly executed Waiver authorizing Barrington Public Schools to obtain such a report on his/her behalf.

1- Any applicant who refuses to comply with this Policy shall be ineligible to volunteer in Barrington Public Schools.

2- Any information so obtained shall not be given to any other person, firm or corporation without first obtaining the applicant's written consent; provided, however, that such consent may be withdrawn at any time, in writing, by the applicant.

3- Any information so obtained shall be marked "CONFIDENTIAL" and may not be used for any purpose other than the application to volunteer or any manner in connection with the denial thereof.

4- No applicant possessing a criminal record which bears directly or indirectly upon performance of volunteering duties shall be allowed to volunteer, at the sole and absolute discretion of the School District, whose determination shall be final and binding.

5- A copy of this Policy shall be shown to each applicant at the time the application to volunteer is made.

6- The Waiver Authorization required by this Policy shall be in the form annexed hereto, or as amended from time to time.

CRIMINAL IDENTIFICATION WAIVER AUTHORIZATION

I am interested in volunteering in Barrington Public Schools.

Name: _____

Maiden Name: _____

Date of Birth: _____

Disclaimer

I, _____, hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to Barrington Public Schools any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of action, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, employees of the Attorney General's Office, the Barrington Public Schools and Barrington Public Schools employees in both law and equity which I may now have or in the future may have.

Signature of Applicant _____

Sworn to before me in the City of _____, State of _____

_____ this _____ day of _____, _____

Notary Public

Commission Expires

Note- the Attorney General's Office requires the following documents: Notarized Consent form, photo copy of Photo ID that includes date of birth, check or money order for \$5.00 made payable to BCI, reason for background check, and a stamped envelope addressed to the Barrington School Department, 283 County Road, Barrington, RI 02806.

VOLUNTEER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Previous Address (if you have not resided in current house for three years or more): _____

Email: _____

License Plate #: _____ **Car Type:** _____ **Color:** _____

Indicate days and times available to volunteer: _____

What types of activities would you like to volunteer for? _____

What are your interests, skills, or hobbies? _____

IN CASE OF EMERGENCY: please list two people to notify in case of emergency.

Name, Relationship: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Cell: _____

Name, Relationship: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Cell: _____