



Volunteer Application

Talawanda School District

This application is for any person(s) wishing to volunteer with the Talawanda School District.

The Talawanda School District reserves the right to accept or reject any Volunteer Application for any reason.

Name: _____

Date: _____

Address: _____

Phone #: _____

Email: _____

Student Name: _____

Verified in SIS: _____ (Office Use Only)

Placement Information: The following information will allow us to match your expertise, interests, and skill set with the need for volunteers. It will also assist us in recognizing your volunteer efforts.

School Building(s)

(Please indicate below the building in which you wish to volunteer - **ONE APPLICATION PER SCHOOL**)

_____ Bogan Elementary

_____ Kramer Elementary

_____ Marshall Elementary

_____ Talawanda Middle School

_____ Talawanda HS - Main Campus

_____ Athletic Department

_____ Fine Arts Department

Volunteer Categories

(Please indicate below which category you prefer to volunteer)

_____ **Secretarial Help** (clerical assistance, running copies, etc.)

_____ **Academic Classroom Volunteer** (tutoring, reading, assisting students, etc.)

_____ **Classroom Events Volunteer** (class awards, events, ceremonies, family events, etc.)

_____ **Athletic/Extracurricular Events** (volunteer game worker, event volunteer, etc.)

_____ **Clubs and Activities** (supervise students, event volunteer, assist Club Advisor, etc.)

_____ **Field Trip Chaperone (BCI/FBI REQUIRED)** (supervise students on field trips and/or special events, etc.)

_____ **Coaches, Assistant Band and Drama Directors (Pupil Activity Permit REQUIRED)** - see the director for info

If volunteer IS ALONE with students OR volunteering as a FIELD TRIP CHAPERONE

(i.e. separate small group classroom, restroom breaks, in an elementary pod, or a recurring volunteer, etc.)

A BACKGROUND CHECK IS REQUIRED AND FORMS A AND B MUST BE COMPLETED AND MAINTAINED IN THE OFFICE

**If the volunteer IS NOT alone with students and IS ALWAYS in view of a staff member
and volunteers two times or less per year.**

FORMS A AND B MUST BE COMPLETED AND MAINTAINED IN THE OFFICE: NO BACKGROUND CHECK IS REQUIRED



Criminal History Verification

FORM A

THIS FORM MUST BE COMPLETED BY ALL VOLUNTEERS

I hereby state and attest that I have NOT been convicted of any of the following offenses:

- A. aggravated murder, murder, voluntary manslaughter, involuntary manslaughter
- B. felonious assault, aggravated assault, assault
- C. failing to provide for a functionally impaired person
- D. aggravated menacing
- E. patient abuse or neglect
- F. kidnapping, abduction, child stealing, criminal child enticement
- G. rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of minor in nudity-oriented material or performance
- H. aggravated robbery, robbery
- I. aggravated burglary, burglary
- J. abortion without informed consent
- K. endangering children
- L. contributing to the delinquency of children
- M. domestic violence
- N. carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into a habitation or school
- O. corrupting another with drugs
- P. trafficking in drugs
- Q. illegal manufacture of drugs or cultivation of marijuana
- R. funding of drug or marijuana trafficking
- S. illegal administration or distribution of anabolic steroids
- T. drug possession offenses (that are not a minor drug possession offense)
- U. placing harmful objects in or adulterating food or confection
- V. a felony
- W. an offense of violence
- X. a theft offense (as defined in R.C. 2913.01)
- Y. a drug offense (as defined in R.C. 2925.01, that is not a minor misdemeanor).

Signature

Date

***** If I am arrested for any of the above offenses, I will notify the building principal immediately upon the arrest.**



Volunteer Release Form

FORM B

I have offered my services as a volunteer to help the School District in the following areas:

1. _____
2. _____
3. _____
4. _____

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District (including, but not limited to, the volunteer's obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law [see below]). I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for damages, whatever their nature, which may result as a consequence of my volunteer services.

All volunteers need to display appropriate behavior at all times. In accordance with Ohio Revised Code, Section 109.575, all volunteers who work or apply to work unsupervised with children on a regular basis may/will be required to provide a set of fingerprints at any time so that a criminal records check can be conducted. If a criminal records check is conducted, it will be done as a condition of initial or continued service as a volunteer. If a criminal records check indicates that a volunteer has been convicted of or pleaded guilty to any of the offenses described in Ohio Revised Code, Section 109.572(A)(1), the volunteer will be informed of the Board's actions in accordance with Board Policy 8120.

DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The District is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. As an approved volunteer in the District, you may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access except as authorized by Board policy and law. Violations of this duty may result in a reassignment and/or restriction of your volunteer responsibilities by the building principal or designee.

Volunteers must comply with the following:

- All student records are considered confidential.
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.
- Volunteers may not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, school or extra-curricular activities.



Volunteer Release Form

FORM B (Cont.)

- Volunteers may not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.

***** Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and the building principal.**

****Volunteers can be asked to discontinue their duty as a volunteer at any time, for any reason by administration.**

By signing below, you acknowledge that you have read, understand and agree to comply with the terms and conditions set forth above.

Volunteer Signature

Date

District Witness Signature

Date