

1212R SCHOOL VOLUNTEERS REGULATION

General Procedures for School-Based Volunteers

- (a) All parents shall be notified at the beginning of each school year about the Board's volunteer policy.
- (b) Volunteer Forms A and B must be completed annually by all volunteers and be housed in each school's main office.
- (c) Each volunteer shall be responsible to the building Principal and will work under the supervision of a certified teacher or non-certified professional who is familiar with the assignment.
- (d) All volunteers must report to the designated school professional upon arrival and before departing. A log will be maintained in each school office. The log will include the time the volunteer arrived and departed. Each volunteer will be provided with an identification badge that must be displayed while in the school building.
- (e) All volunteers are expected to exhibit standards of conduct equal to those of the school professionals and to observe all Board of Education policies. These include, but are not limited to, use of appropriate language, maintaining confidentiality, and exercising good and reasonable judgment.
- (f) Should a concern about a volunteer present itself, the school professional supervising the volunteer should immediately share the concern(s) with the building Principal.
- (g) No offer of voluntary services by any person shall be rejected on the basis of the race, color, gender, age, religion, marital status, citizenship status, national origin, handicapping condition or any other basis of unlawful discrimination under the laws of the State of Connecticut.
- (h) No person who is a "registered sex offender" may serve as a volunteer.
- (i) Tuberculosis Screening - Volunteers will be subject to "target testing" for tuberculosis. Target testing is the process of requiring a Mantoux test for any volunteers who have any of the following risk factors:
 - 1. were born in a high risk country as per the Connecticut State Department of Health of the world and do not have a record of a tuberculosis skin test performed in the United States;
 - 2. have traveled to a high risk country as per the Connecticut State Department of Health since their last medical examination;
 - 3. have extensive contact with persons who have recently come to the United States from a high risk country as per the Connecticut State Department of Health;
 - 4. have contact with person(s) suspected of having tuberculosis;
 - 5. have been living in a homeless shelter, and/or
 - 6. have HIV infection.

Any volunteer who is identified as having a positive reaction to the Mantoux test shall present a letter from a physician stating that a chest x-ray has been administered and that said volunteer is free from active tuberculosis.

(j) A list of all approved volunteers will be maintained by the Superintendent of Schools or designee. Only volunteers on the approved list may be utilized by the District.

Tier I Volunteers

Volunteers will be classified in Tier I when they engage in activities in the presence of a Board employee. Tier I volunteers are those who engage in the activities listed below:

1. assisting in a classroom, cafeteria, or library when a staff member is present
2. accompanying a class on a field trip during the school day with a teacher
3. assisting in the cafeteria or library during regular school hours
4. extra-curricular events, i.e., dances, open house

Background checks will not be required of Tier I volunteers.

Tier II Volunteers

Volunteers will be classified in Tier II when they provide services to students when not in the direct presence of a Board employee.

Tier II volunteers will be required to complete a background check form regarding the release of information concerning any prior or pending criminal offenses, will be subject to a criminal background investigation, and will be required to submit to a record check of the Department of Children and Families (DCF) Abuse and Neglect Registry.

Tier II volunteers are those who engage in the activities listed below:

1. accompanying a class on a field trip in which the plans include that students be divided into small groups supervised solely by the volunteer chaperone for any length of time
2. chaperoning an overnight field trip
3. working in direct contact with students without the direct presence of a District employee
4. coaches (other than CIAC certified)
5. advisors

Upon receipt of DCF Abuse and Neglect Registry results indicating that the Tier II volunteer is involved in an abuse or neglect investigation or that the volunteer is listed as a perpetrator of abuse or neglect on the Registry, the Superintendent of Schools or designee will notify the volunteer in writing of the results of the Registry check. If warranted by the results of the registry check and any additional information provided by the volunteer, the Superintendent of Schools or designee shall not allow the individual in the schools.

When a criminal record check of a volunteer reveals a criminal conviction, whether disclosed or undisclosed on the volunteer's consent form, the Superintendent of Schools will make a case-by-case determination as to whether to allow the individual to volunteer in the schools. Prior to any such decision by the Superintendent of Schools or designee, the Superintendent of Schools or

designee shall inform the volunteer in writing and shall provide an opportunity for the volunteer to respond.

Notwithstanding the foregoing, the falsification or omission of any information on a volunteer consent form, including but not limited to information concerning criminal conviction or pending criminal charges, may be grounds for the Superintendent of Schools or designee to prohibit the individual from becoming a volunteer.

Legal Reference: Connecticut General Statutes
 10-4g Parent and community involvement in schools; model programs;
 school-based teams
 10-235 Indemnification of teachers, board members, employees and certain
 volunteers and students in damage suits; expenses of litigation, 54-254
 Registration of person who has committed a felony for a sexual purpose

Approved by the Salisbury Board of Education: May 18, 2020

VOLUNTEER FORM - A
INFORMATION FORM AND WAIVER LIABILITY
TO BE COMPLETED ANNUALLY BY ALL VOLUNTEERS

Please print clearly in ink:

Information Form

Name: _____

Last *First* *Middle*

Address: _____

Street *City* *Zip Code*

Telephone #: _____

Date of Birth: _____

Personal Physician: _____ Physician Phone #: _____

Emergency adult contact: _____ Contact Phone #: _____

Are you now or have you ever been a school volunteer? _____

At which school? _____ Year? _____

The name of any child or ward attending this school: _____

Check One: Tier I Volunteer _____ Tier II Volunteer _____ (You will be subject to a criminal background investigation)

Criminal Conviction Information:

Are you a registered sex offender? _____

Have you ever been convicted of a crime? _____

If you answered yes, list all offenses:

Offense(s): _____

Date(s): _____

Place(s): _____

VOLUNTEER FORM - A Continued

Tuberculosis Screening

Volunteers will be subject to "target testing" for tuberculosis. Target testing is the process of requiring a Mantoux test for any volunteers who have any of the following risk factors:

_____ were born in a high risk country as per the Connecticut State Department of Health and do not have a record of tuberculosis skin test performed in the United States;

_____ I have traveled to a high risk country as per the Connecticut State Department of Health since their last medical examination;

_____ I have extensive contact with persons who have recently come to the United States from a high risk country as per the Connecticut State Department of Health,

_____ have contact with person(s) suspected of having tuberculosis;

I have been living in a homeless shelter; and/or

_____ I have HIV infection.

Do you have any of the above risk factors? Yes _____ No _____

Waiver of Liability

The Salisbury Board of Education does not provide general personal liability insurance coverage to volunteers providing services at Salisbury Central School. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by Salisbury Central School and to document the volunteer's acknowledgment that they are providing service at their own risk.

However, Connecticut state law, Section 10-235, provides that the Board of Education must indemnify and hold harmless all approved volunteers from civil liability in most situations as long as the volunteer is actually carrying out a duty prescribed by the board and under the direction of a school employee.

By your signature below:

1. You acknowledge that the Salisbury Board of Education does not provide insurance coverage for you for any loss, injuries, illness, or death resulting from your volunteer service.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of your volunteer service Salisbury Central School, agree to waive any and all claims against the Town of Salisbury and the Salisbury Board of Education, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of your volunteer service to Salisbury Central School.

Date: _____ Signature: _____

Printed Name: _____

VOLUNTEER FORM - B
VOLUNTEER CONFIDENTIALITY AGREEMENT
TO BE COMPLETED ANNUALLY BY ALL VOLUNTEERS

Please read this confidentiality agreement carefully.

Applicants will not be considered unless this agreement is dated and signed by the applicant.

By agreeing to perform as either a Tier I or Tier II volunteer for Salisbury Central School, **I agree** to respect the confidential nature of my assignment and to be prompt and dependable. I will abide by the rules, regulations, policies, and procedures of Salisbury Central School.

I agree never to disclose any information about students with whom I work. Such information is considered confidential. In the case of requests for information about students, I will direct all matters to a teacher or administrator,

I understand that if I fail to uphold this agreement, I will be relieved from my volunteering responsibilities,

I understand that this signed agreement will be kept on file for the duration of the school year.

Volunteer Signature: _____ Date: _____

Please print your name: _____

Background Check Form for Tier II Volunteers at Salisbury Central School

Today's Date: _____

Name of Applicant: _____
Last First Middle Initial

Other Names used/alias. Include Maiden, Previous Marriage, Birth Name, if applicable:

Date of Birth: _____

Location of Birth: _____ (City, State, Country)

Identification: (Driver's License, Birth Certificate, Passport)

ID Type: _____ ID#: _____ Expires: _____

I, _____, do hereby authorize Salisbury Central School to research records to determine whether or not I am eligible to volunteer as a Tier II volunteer.

Signature of Applicant: _____

INTERNAL USE ONLY

Sex Offender Registry Results: _____ Negative _____ Positive (explain below)

DCF Abuse and Neglect Registry Results: _____ Negative _____ Positive (explain below)

State of CT Judicial Registry Results: _____ Negative _____ Positive (explain below)

Name of Investigator: _____ Date of Results: _____

Cleared as a Tier II Volunteer: Yes

No

May 2020