

Volunteer Guidelines

Recently, the State and District have updated their requirements for Public School Volunteers/Chaperones.

ANY VOLUNTEER/CHAPERONE THAT IS RESPONSIBLE FOR STUDENTS WITH A RED CLAY STAFF MEMBER PRESENT MUST HAVE THE FOLLOWING:

DOCUMENT	LOCATION
1. Confidentiality Letter	Stays in building
2. Delaware Child Protection Registry Request Form	Completed Online
3. <u>***"Receipt of Verification"</u> – for Criminal Background Check	Send to Human Resources
4. TB Risk Assessment or Mantoux PPD	Goes to School Nurse

****Only if the volunteer/chaperone is responsible for students without direct supervision of a Red Clay Staff present.**

ATHLETIC DIRECTORS – Please refer to additional Special instructions on page 2.

One person in the building must be given responsibility for the volunteer program. A contact name must be given to Human Resources. ALL volunteer forms for the building must be given to the coordinator for review and recording before being sent to Human Resources. A record (spreadsheet) must be kept, listing all volunteers and the forms that have been received from them.

It is the responsibility of the School Volunteer Coordinator to be sure that all forms contain the name of the school. The best way to do this is to create one MASTER COPY OF THE FORMS with the name of the school, and use that master to make all other copies. **ALL FORMS SENT TO HUMAN RESOURCES MUST HAVE THE RETURN ADDRESS OF THE SCHOOL ON THE ENVELOPE.** Any forms sent to Human Resources that do not contain the required information will be returned to the school coordinator.

Your **volunteer packet** should contain the following:

1. CONFIDENTIALITY LETTER
2. LINK TO THE ONLINE DELAWARE CHILD PROTECTION REGISTRY REQUEST - \$14.00 online fee and CHILD PROTECTION REGISTRY CONSENT FORM
3. STATE POLICE CONTACT - INFORMATION SHEET
4. TB RISK ASSESSMENT

ALL FORMS ARE AVAILABLE ON THE INTRANET ➡ FORMS ➡ VOLUNTEER

CONFIDENTIALITY LETTER – (SEE ATTACHED)

DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM – Must be completed online at the link below. The fee is \$14.00 and is paid online with a debit or credit card at the time of registration. Click on the **NEW INDIVIDUAL REGISTRATION** box and follow the instructions. **The Agency ID# is 352 and the Agency Contact ID# is 28099.** The results will automatically be sent to Red Clay Human Resources.

<https://childprotectionregistry.delaware.gov>

TB RISK ASSESSMENT

This form is completed by the volunteer and should be given to the school nurse for review and filing. **DO NOT SEND THESE FORMS TO HUMAN RESOURCES.** They should be noted as received on the Volunteer Record Spreadsheet, but housed by the school nurse. The nurse should notify the volunteer coordinator if someone is restricted from volunteering, and then contact the volunteer directly regarding resolution.

CRIMINAL BACKGROUND

1. State Police contact - information sheet (attached)
2. Volunteer should identify themselves as a PUBLIC SCHOOL VOLUNTEER - \$18.00 Fee
3. Volunteer should bring the "Receipt of Verification" to the school to be recorded on spreadsheet, then the "Receipt of Verification" needs to be sent to Human Resources as soon as received. (Volunteer will receive this form at the time of fingerprinting)
4. Criminal Background Reports sent to the volunteer are not acceptable. Human Resources will receive the same report from the State Bureau of Identification. Volunteers must be fingerprinted through this process. **WE CAN NOT ACCEPT RESULTS FROM OTHER AGENCIES.**

SPECIAL INSTRUCTIONS FOR ATHLETIC DIRECTORS

1. All Assistant Coaches must have a recent criminal background check (dated within 1yr of hire date).
2. Delaware Child Protection Registry Request (online) – Send receipt to Human Resources
3. Checklist for Athletic Directors, must be included in the packet.
4. Volunteer Coach Recommendation Form
5. Completed packets must be sent to Myrna Laws, Human Resources, RCCSD District Office. Myrna Laws will give packets to Mark Pruitt for signature.

Volunteer Coordinators must send a list of Volunteers to Donna Wirt at district office to donna.wirt@redclay.k12.de.us for State tracking purposes.



Dear Volunteer/Chaperone:

Thank you for offering your time and talents to assist our school community. In the interest of ensuring a safe and positive experience for all members of our school community, volunteers/chaperones are required to complete a **Confidentiality Form, Delaware Child Protection Registry Request Clearance, TB Risk Assessment or Mantoux PPD form, and a *Receipt of Verification from the Criminal Background Check (*only if the volunteer is responsible for students without direct supervision of a Red Clay Staff).**

CONFIDENTIALITY

In working with individual students and/or small groups of students, we need to be sure that we are honoring every student's right to confidentiality. The progress that any one student is making and/or behavior that is displayed is confidential information and should not be shared outside the volunteer/chaperone activity setting. It is the responsibility of educational staff to communicate such progress to parents and other appropriate staff members. We greatly appreciate your understanding and adherence to this highly critical issue.

EXPECTATIONS AND GUIDELINES

Volunteers will be asked to present their driver's license upon entering.

Volunteers will be asked to wear a name tag and/or lanyard, identifying themselves as a volunteer.

Volunteers are asked to arrive on time.

If volunteers need to cancel or reschedule, please contact the school as soon as possible.

Volunteers are asked to refrain from side-trips outside of their expected locations.

FIELD TRIP CHAPERONES: Required

- Confidentiality Form
- Delaware Child Protection Registry Request Clearance (\$14.00 fee, Provide receipt)
- www.childprotectionregistry.delaware.gov
- TB Risk Assessment or Mantoux PPD Form

Chaperones must be the Parent or Legal Guardian of the child attending the Field Trip.

Chaperones are expected to ride district-arranged transportation (ie: bus) to and from the Field Trip.

Chaperones are required to follow the lead and instruction of Staff in delineating chaperone responsibilities.

I have read the provided information and understand the expectations and guidelines associated with volunteering/chaperoning in the school setting.

I agree to respect each child's right to confidentiality.

Date _____
Parent / Guardian Signature

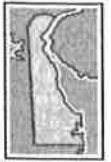
Print name _____



DSCYF
Department of Services for
Children, Youth & Their Families

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal



Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

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 requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on 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 - REQUESTER INFORMATION

Check one option below and complete required information*:

1. ☐ Agency Request – Agency Name*:
2. ☐ Individual Request – Self
3. ☒ Individual Request – Share Results with Requesting Agency

Requesting Agency 1 – Agency Name*: **Red Clay School District - Human Resources**
Agency ID: 352; Agency Contact: 28099

Requesting Agency 2 – Agency Name*:

Requesting Agency 3 – Agency Name*:

Requesting Agency 4 – Agency Name*:

Requesting Agency 5 – Agency Name*:

* Mandatory (Agency Name is Mandatory.)



Obtaining a Certified Delaware Criminal History

A Criminal History Background Check is obtained through fingerprints. You must provide photo Identification, such as a valid driver's license or State ID (from any state). You do not need a social security card or a birth certificate.

The fee for a State of Delaware Criminal Background Check is \$ 18.00. School volunteers are eligible for this fee.

The fee for a State and Federal Criminal Background Check (must be mandated by law) is \$65.00.

Payment options are cash (except Sussex County), credit or debit cards, certified checks, money orders, or company checks made out to Delaware State Police. We do not accept American Express or personal checks.

Locations and Hours of Operation

NEW CASTLE COUNTY

The office is located at Delaware State Police Troop 2, on Route 40, in Bear, just west of the Fox Run Shopping Center, between routes 72 and 896, across from the Glasgow walking park and next to the YMCA.

- Monday through Friday, 8:30 a.m. to 3:15 p.m.
- To schedule an appointment call (302) 739-2528

The results of the completed certified criminal history will not be returned the same day. The results will be forwarded to the recipient as soon as operationally possible.

KENT COUNTY

To remain consistent with current public health guidelines, this office will temporarily change from a walk-in facility to **appointment only** –
Call 302-739-2528 to schedule an appointment.

The office is located at 655 South Bay Road, Suite 1B, Dover, DE 19901, in the Blue Hen Corporate Center. Enter the road between Kent County Levy Court and Firestone, then follow the fingerprint signs.

- Monday through Friday, 8:30 a.m. to 3:15 p.m.
- Call (302) 739-5871 for more information

The results of the completed certified criminal history will not be returned the same day. The results will be forwarded to the recipient as soon as operationally possible.

For everyone's health and safety, all visitors entering the building must wear a mask.

Volunteer Name: _____ Date: _____

Volunteer Signature: _____

DELAWARE DEPARTMENT OF EDUCATION¹
CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE
FOR VOLUNTEERS IN PUBLIC SCHOOLS

All school students, employees, and volunteers are required to be screening for Tuberculosis (TB)². The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. This questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further testing. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner. The questionnaire must be completed every five years. The volunteer 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 below³:

Can you answer "yes" to <i>any</i> of the questions below?	
<ol style="list-style-type: none">1. In the past five years, have you lived or been in close⁴ contact with anyone who had active, infectious TB disease?2. 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 loss3. Have you ever had a positive HIV test?4. In the past five years, have you ever used illegal intravenous drugs?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?7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health.<ul style="list-style-type: none">• 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?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you checked YES, you are required (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.

Have you ever had a positive skin test for tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked <u>yes</u>, you are <u>required</u> to provide documentation related to current disease status prior to your assignment as a volunteer.	

These requirements are for the safety of our school 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 or a TB blood test, such as the Quantiferon Gold TB Test, can detect if a person has been exposed to tuberculosis. Early identification of infection and completion of a course of antibiotic treatment significantly reduces the chance of developing active TB disease over the lifetime of infected individuals.

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 additional information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

¹ Developed in collaboration with The Delaware Division of Public Health, with revisions 7/2010 and 7/1/13.

² Regulation 805 can be accessed at <http://regulations.delaware.gov/AdminCode/title14/800/805>.

³ To maintain confidentiality of medical information, the volunteer should not provide an individual answer to each question. The volunteer's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The volunteer should not indicate which one. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

⁴ CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.



CHECKLIST FOR ATHLETIC DIRECTORS

1. Name of Volunteer _____

2. School name _____

3. Health questionnaire completed and given to School Nurse

4. Volunteer Coach recommendation form attached

5. Child Protection Registry confirmation attached

6. Criminal Background "Receipt of Verification" attached

Red Clay Consolidated School District
VOLUNTEER COACH RECOMMENDATION FORM

PERSONAL DATA

Name _____ Soc. Sec. # _____
Address _____ Sex _____
_____ Race _____
Telephone Number (Home) _____ (Work) _____

ACTIVITY DATA

Activities: _____

School _____

CONDITIONS OF INVOLVEMENT

I confirm that I fully understand the following conditions for volunteer coaches that have been discussed with me: (1) After receipt of written approval from the Board of Education, I will serve at the discretion of the principal. My involvement may be concluded at any time by the principal; (2) I will not receive a salary and/or any type of employee benefit including life and disability insurance, worker's compensation, dental or prescription insurance and major medical coverage; (3) I will have the same liability insurance coverage as other volunteers; (4) I will be under the supervision of a district appointed coach and I will not assume the authority and/or responsibility of a coach; and (5) my involvement, if approved, is limited to a sport season and a one year period.

Signature _____ Date _____

Recommended: _____
Principal Date

Director Date

Board of Education Action:

The Red Clay Consolidated School District Board of Education approved the individual listed above as a volunteer coach for the _____ - _____ school year.

Director-Personnel Date

Copies: White - Personnel Office
Yellow - Principal
Pink - Volunteer
Gold - D.S.S.A.A.