Volunteer Guidelines

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

ANY VOLUNTEER THAT IS DIRECTLY RESPONSIBLE FOR STUDENTS MUST HAVE THE FOLLOWING:

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confidentiality letter</td>
<td>Stays in building</td>
</tr>
<tr>
<td>2. Delaware Child Protection Registry Request Form</td>
<td>Send to Human Resources</td>
</tr>
<tr>
<td>3. Receipt for Criminal Background Check</td>
<td>Send to Human Resources</td>
</tr>
<tr>
<td>4. TB Risk Assessment or Mantoux PPD</td>
<td>Goes to School Nurse</td>
</tr>
</tbody>
</table>

ATHLETIC DIRECTORS-Please refer to additional special instructions on page 2.

VOLUNTEERS THAT ARE IN CONTACT WITH STUDENTS WHILE A RED CLAY EMPLOYEE IS PRESENT MUST
HAVE THE FOLLOWING:

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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. DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM
3. TB RISK ASSESSMENT
4. CBC INFORMATION SHEET-IF REQUIRED
ALL FORMS ARE AVAILABLE ON THE INTRANET BY GOING TO PUBLICATIONS AND FORMS, VOLUNTEER FORMS

CONFIDENTIALITY LETTER

DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM

This form must be checked for complete information. All information must be completed or the form will be returned by the State. PLEASE NOTE THE STATEMENT AT THE TOP OF THIS FORM: FORM MUST BE SUBMITTED TO DSCYF WITH 90 DAYS OF SIGNATURE DATE IN ORDER TO BE PROCESSED. Do not hold forms in your building.

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 Sheet, but are housed by the school nurse. The nurse should notify the volunteer coordinator if someone is restricted from volunteering due to this requirement, and then contact the volunteer directly regarding resolution.

CRIMINAL BACKGROUND CHECK

1. CBC-STATE OF DE BUREAU OF IDENTIFICATION INFORMATION SHEET
2. IDENTIFY YOURSELF AS A PUBLIC SCHOOL VOLUNTEER- FEE ONLY $30.00
3. CBC RECEIPT GOES TO SCHOOL TO BE RECORDED & LABELED WITH SCHOOL NAME
4. RECEIPT THEN GOES TO HUMAN RESOURCES
5. All CBC’s should come directly to Human Resources. For the CBC to be valid we must receive it from the State Bureau of Identification.

SPECIAL INSTRUCTIONS FOR ATHLETIC DIRECTORS

1. All Assistant Coaches must have a CBC.
2. Checklist must be included in packet.
3. Completed packets should be sent to Sharon Austin, Human Resources, Baltz District Office. Sharon will take to Sam Golder for signature.