

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:

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

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:

DOCUMENT	LOCATION
1. Confidentiality letter	Stays in building
2. Delaware Child Protection Registry Request Form	Send to Human Resources
3. TB Risk Assessment or Mantoux PPD	Goes to School Nurse

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 Myrna Laws, Human Resources, Baltz District Office. Myrna will take to Sam Golder for signature.

CHECKLIST FOR ATHLETIC DIRECTORS

- 1. NAME OF VOLUNTEER. _____
- 2. HEALTH QUESTIONNAIRE COMPLETED AND GIVEN TO NURSE _____
- 2. VOLUNTEER COACH RECOMMENDATION FORM ATTACHED. _____
- 3. CHILD REGISTRY FORM ATTACHED. _____
- 4. CBC RECEIPT ATTACHED _____

SIGNATURE: _____

September, 2020

Dear Volunteer,

We want to thank you for offering your time to assist us and our students.

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 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.

Once again, thank you for volunteering in our school.

Sincerely,

Principal

I have read the above letter and understand the importance of each student's right to confidentiality.

Volunteer Signature

Date



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 \$52.00. 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.



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: _____

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 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*: **Red Clay Consolidated School District**

2. Individual Request - Self

* Mandatory

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 any of the questions below?					
<p>1. In the past five years, have you lived or been in close⁴ contact with anyone who had active, infectious TB disease?</p> <p>2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks?</p> <table style="width: 100%;"><tr><td style="width: 50%;">Cough</td><td style="width: 50%;">Fever</td></tr><tr><td>Night sweats</td><td>Weight loss</td></tr></table> <p>3. Have you ever had a positive HIV test?</p> <p>4. In the past five years, have you ever used illegal intravenous drugs?</p> <p>5. In the past five years, have you been incarcerated?</p> <p>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?</p> <p>7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health.</p> <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?	Cough	Fever	Night sweats	Weight loss	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cough	Fever				
Night sweats	Weight loss				

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
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If you checked **yes**, you are **required** 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.