



KENT COUNTY PUBLIC SCHOOLS

VOLUNTEER APPLICATION FORM

I plan to volunteer for one-day events as a Tier I volunteer

Examples: class part, field trip, book fair, dance chaperone

I plan to volunteer for regular activities or overnight trips as a Tier II* volunteer

Examples: overnight field trip, classroom assistant, coach, mentor, tutor

GALES HHGES KCHS KCMS RHES

Personal Information

Date of application: _____ Email address: _____

First Name: _____ Last Name: _____ Middle Name: _____

Physical Street Address:
(no PO Boxes) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Purpose for Volunteering: Please provide a written statement regarding your purpose for volunteering. The building principal or department supervisor must sign off in agreement for your purpose.

Signature: _____ Date: _____
Principal or Department Supervisor

Acknowledgment of Volunteer Responsibilities

I accept the following responsibilities as a volunteer for the Board of Education of Kent County:

- I will attend an orientation workshop and any other meetings or training that may be required by the individual school at which I plan to volunteer if requested by the school administrator.
- I will notify the school's individual administrator as much in advance as possible if I must be absent from a scheduled commitment with the children.
- To the best of my knowledge, I have no physical or mental disability which prevents my working with children.
- I will abide by all school rules and Board of Education policies which are applicable to me.
- I read, understand, and accept the policies written in the KCPS Volunteer Procedures (Insurance, Worker's Compensation, Security, and Confidentiality Procedures).

Signature: _____ Date: _____

Volunteer Application Continued....

Any individual on the National Sex Offender Registry is not eligible for inclusion in the volunteer program with Kent County Public Schools.

Any individual who pleads guilty or received a probation before judgment for any of the following crimes, attempted crimes, or a criminal offense could cause you to be excluded in the volunteer program with Kent County Public Schools: Crimes of violence, drug-related offenses, robbery, child abuse, pornography, contributing to the delinquency of a minor or similar crimes.

*Fingerprinting is required for Tier II volunteers at the Board of Education of Kent County for a fee of \$31.25.

Background Check Agreement

It is the policy of the Board of Education of Kent County to require all volunteers to complete this Disclosure Statement. Subsequently, the Board of Education of Kent County will complete a criminal record check for conviction(s) and pending charges through the United States Department of Justice and FBI.

Date of Birth ____/____/____ Driver's License or State ID Number: _____ State issued in: _____

Disclosure Questions:

- 1. Have you ever been convicted of, received probation before judgment, received a not-criminally-responsible disposition or are you currently the subject of any pending criminal charges for felonies, misdemeanors and/or ordinance violations other than minor traffic violations? Yes No
- 2. Have you ever been convicted of, received probation before judgment, received a not-criminally-responsible disposition or are you currently the subject of any pending charges involving sexual molestation, physical or sexual abuse, or rape of a child? Yes No

If you have answered yes to either of the above questions, please provide more information below including the date, location and nature and circumstances of the offense:

I authorize the Board of Education of Kent County to review my personal background and conduct a full and complete criminal background check, if required. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the school district. I understand the Board of Education of Kent County will verify the information I have provided above. I hereby release the Board of Education of Kent County, its Board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Signature: _____ Date _____

Volunteer Application Continued....

Please return completed form to a school administrator. Bring your Driver's License and be prepared to have your photograph taken for entry in our Visitor ID System.

For School Use Only

Name of school where application was received: _____

This applicant has my permission to be a volunteer in the school named above.

Signature: _____ Date: _____

School Administrator

Signature: _____ Date: _____

Human Resources



KENT COUNTY PUBLIC SCHOOLS

VOLUNTEER INFORMATION FORM

Personal Information

Today's Date: _____ Email address: _____

First Name: _____ Last Name: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Volunteer Preferences

Please check the volunteer activities you are interested in:

- Tutor with the help of the teacher
- Mentor students
- Read to children or help children read
- Do clerical work for the teacher or office staff
- Assist in the computer lab
- Assist in the media center
- Chaperone a field trip
- Chaperone a dance
- Assist with special activities at school such as a Science Fair, Fun Fair, Science Fair, Career Day, etc....
- Athletic activities
- Be a resource person; i.e.. share my hobbies, travels, work experience

Please return completed form to a school administrator or volunteer coordinator. The form will be kept on file at the school.

VOLUNTEER CONFIDENTIALITY AGREEMENT

Kent County Public Schools – Kent County Schools

There are federal and state laws that protect the privacy rights of students and families. In a school situation, there are many instances in which confidential information is discussed in order to better understand students and how we can help them. When working in the schools as a volunteer, there may be times when this information is heard. Our staff will make every effort to prevent this from happening; however, as a volunteer you must agree that if you do hear information about a student or family you will not repeat this outside of the school. This will ensure the protection of our students' interest and their families, thus creating a better environment for all.

Additionally, three laws govern special education confidentiality, FERPA (Family Education Rights and Privacy Act), IDEA (Individuals with Disabilities Education Improvement Act), and the Maryland State Department of Education Special Education Guidelines. All three bodies of regulations indicate that confidentiality must be maintained relative to special education students. Therefore, any written or verbal communication with anyone who does not have a right to know is in violation of the laws. A volunteer should not discuss a child's disability with any individual outside of the classroom instructor, building principals, or staff member. The volunteer should not use any written or verbal statements outside of the school that would divulge the child's disability; this includes notes, email, text messages, and/or social media sites. In essence, only those who work directly with the student are considered as those with a "need to know." If at any time these terms of confidentiality are violated by a volunteer, termination of volunteer services may occur.

As a volunteer:

- I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work.
- I will keep confidential matters private.
- I also understand that volunteering at Kent County Elementary Schools is a privilege and not a right.

The school's principal reserves the right to deny or remove any volunteer violating confidentiality or any district policy.

By signing this agreement, I am stating that I will not divulge information about any student or family to any person outside the school setting.

Volunteer/Room Parent Name (please print)

Volunteer/Room Parent Signature Date