# Christina School District SCHOOL VOLUNTEER ENROLLMENT FORM

(Volunteers may include, but are not limited to, parent classroom volunteers, mentors, or field trip/activity chaperones.)

Genera	Il Information:						
	print clearly)						
School	Name:						
Name:				Date of Birth:			
	Last	First	Middle		(required)		
Δddres	s:						
, ladi es	Street	City	State	Zip			
Phone:	(Home)	w	/ork/Cell)	(E	Email)		
Emerge	ency Contact: Nar	me		Pho	one		
Check one: I am a volunteer who is  □ assisting only with my child's class □ Chaperoning a field trip/activity □ assisting with any grade/class if needed □ Mentor  How often are you willing to volunteer or chaperone? (check one) □ More than once a week □ Once a Month □ Other							
Please	list two reference	es (excluding fam	ily):				
Name		Address		P	Phone (best contact #)		
 Volunt	eer Contract:						
As a volunteer at I agree to:							
	Respect confidentiality when dealing with students and school staff.  Abide by the rules and policies of the school and the school district.						
Signatu	re of Volunteer:			D	Oate:		
Signatu	ure of Principal*:	ad bafara val	ooring in the el	D	Date:		

This enrollment form will be kept on file at the School Office. It will be valid for one (1) school year.

### Christina School District Volunteer Disclosure Form

It is the policy of the Christina School District to make every reasonable effort to provide a safe learning environment for students working with volunteers. Subsequently, the District requires the following confidential information from volunteers who directly work with students.

This form must be completed, and returned, to the School Office. Clearance must be received from school administration prior to beginning a volunteer experience in the Christina School District. Volunteers include, but may not be limited to, parents who serve as a volunteer, mentors, or field trip chaperones.

1.	Have you ever been convicted of a crime other than a min If yes, Please explain:			Yes	No
2.	Have you ever been convicted or had an administrative fin abuse, sexual harassment or exploitation, or any other crir If yes, Please explain		_		
3.	Are you required to register as a sex offender with the Sex If yes, Please explain:			_ Yes	No
4.	Do you currently have charges pending or are there any or aforementioned?  If yes, Please explain:			the Yes	No
basi that	a volunteer working in the Christina School District, fully un s, which inherent in its meaning, entitles me to no pay or an the volunteer agreement can be terminated without notice nteer.	y form of compensation for	my service	s. Lunder	
cond forn School	horize Christina School District to review my personal background check. I understand that any mines may result in immediate disqualification from any voluntered District reserves the right to deny my application to serve its agents, as well as all providers of information, from any lead to this process.	srepresentation on any of the eer service within the district e as a volunteer. I hereby re	e voluntee t. I underst lease the D	r enrollme and the C pistrict, its	ent hristina board
 Sign	ature	Date			

Please return this form to your student's school office.

Volunteer Name:	Date:
<b>Volunteer Signature:</b>	

### DELAWARE DEPARTMENT OF EDUCATION<sup>1</sup> CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE FOR VOLUNTEERS IN PUBLIC SCHOOLS

All school students, employees, and volunteers are required to be screening for Tuberculosis (TB)<sup>2</sup>. 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 below<sup>3</sup>:

	Can you answer "yes" to any of the questions below?				
1.	In the past five years, have you lived or been in close <sup>4</sup> 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 loss				
3.	Have you ever had a positive HIV test?				
4.	In the past five years, have you ever used illegal intravenous drugs?	YES 🗌	NO 🗌		
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					
7	with others outside of your family, who were homeless?				
7.	7. For the next two questions, refer to the TB-Endemic Countries list provided by the				
	Delaware Division of Public Health.				
	<ul> <li>In the past five years, have you stayed/lived in one of these countries for 1 month or longer?</li> </ul>				
	e				
	• 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?				
If	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?	Yes [	No

If you checked yes, you are required to provide documentation related to current disease status prior to your assignment or continued assignment as a volunteer. If you have provided documentation of completing treatment for active or latent infection, no further documentation is required.

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.

<sup>&</sup>lt;sup>1</sup>Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005, 7/2010, 7/2013, 5/2015.

<sup>&</sup>lt;sup>2</sup>Regulation 805 can be accessed at http://www.state.de.us/research/AdminCode/title14/800.

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

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

#### **DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM**





When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

PART I. APPLICANT INFORM	ATION ( <u>PLEASE PRINT CLEARL</u>	<u>Y</u> )		
Name:	First	Middle		
Other Name(s) used:	I	DE Driver's License #		
Social Security #	Date of Birth:	Gender:	Race:	
	yyyyn	ımdd		
Address: (Street)	(City)	(State)	(Zip)	
Are you on the Delaware child protection	on registry for any substantiated cases of	child abuse/neglect?	[ ] Yes [ ] No	
If yes, explain:		-		
agency/organization with all substantiated registry. I further release the Delaware D from any and all claims arising out of or in	ment of Services for Children, Youth and cases of child abuse or neglect concerning repartment of Services for Children, Youth a any way connected to the release or dissemir	ne contained in the De nd Their Families, its action of any information	claware child protection officers and employee on concerning me.	
Signature:	ignature: Date:			
Parent / Guardian Signature (If applican	nt is under the age of 18)			
PART II. AGENCY INFORMATIO	N - ( <u>MUST BE COMPLETED IN ORD</u>	ER TO PROCESS)		
Agency Identification Number (if appli	cable): <u>446</u>			
Contact ID: <b>593</b>				
Requesting Agency Name:Christ	<u>ina School District – Human Resource</u>	<u>s</u>		
Address: 600 North Lombard Stre	eet, Wilmington, DE 19801			
Phone: <u>(302)552-2643</u> Fax: _	_(302)552-2651	ette Tucker		
Contact Email: <u>josette.tucker@christin</u>	na.k12.de.us			
	DSCYF USE ONLY:			
The individual listed above ( is listed) ( is	s NOT listed) on the Delaware Child Protection Re	egistry.		
Date: DSCYF Criminal Hi	story Unit			

# FINGERPRINT AND CRIMINAL BACKGROUND CHECK PROCEDURE

#### New Castle County (by appointment only)

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.

#### The hours of operation are:

- Mon, Wed, Thurs, and Fri, 8:30 a.m. to 3:15 p.m.
- Tuesday, 11:30 a.m. to 6:15 p.m.
- To schedule an appointment call 302-739-2528

#### Kent County (no appointment needed)

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, follow the fingerprint signs.

#### Hours of operation are:

- Mondays, 9:00 a.m. to 7:00 p.m.
- Tuesday through Friday, 9:00 a.m. to 3:00 p.m.
- Call 302.739.5871 for more information

#### Sussex County (by appointment only)

The office is in the Thurman Adams State Service, 546 S. Bedford Street, Room 202, Georgetown, DE **Hours of operation are:** 

- Every other Wednesday, 12:00 6:30 pm
- To schedule an appointment call 302-739-2528
- CASH IS NOT ACCEPTED at this location.

Applicants must complete fingerprint cards with the necessary personal information and sign the waiver form to release criminal history record information to the district. At the time of processing, the applicant must show proof of identification in order to complete the criminal history request.

Certified copies of the criminal history will be forwarded to the applicant and to the personnel director of Christina School District.

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