Volunteer Procedures and 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:

REQUIRED DOCUMENTS

1. School Volunteer Enrollment Form
2. Volunteer Disclosure Form
3. TB Risk Assessment or Mantoux PPD. (TB test is required if you answer “yes” to any of the questions.)
4. Copy of COVID Vaccination not required only if you have one (Submit a copy to Ms. Samuels in the Main Office)
5. Delaware Child Protection Web Portal Consent Form (Once completed online, print and submit a copy to Ms. Samuels.)
6. Delaware Child Protection Web Portal Consent Form Instructions
7. Fingerprint and Criminal Background Check Procedure. (Once completed, please submit a copy of the receipt to Ms. Samuels)
8. Field Trip Guidelines for Chaperones (Please sign and submit to Ms. Samuels)

RETURN THE FOLLOWING TO MS. SAMUELS: SCHOOL VOLUNTEER ENROLLMENT FORM, VOLUNTEER DISCLOSURE FORM, TB RISK ASSESSMENT, COVID VACCINATION IF YOU HAVE ONE, DCP COMPLETED CONSENT FORM, CBC RECEIPT, AND FIELD TRIP GUIDELINES FOR CHAPERONES. I WILL NOT ACCEPT INCOMPLETE VOLUNTEER PACKETS>

Ms. Sameuls will contact you via email once you are cleared to volunteer.

You can also obtain Volunteer Information and the Volunteer Packets here: https://www.christinak12.org/Page/395 or https://www.westparkplaces.org

DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM

Please see the attached Delaware Child Protection Registry Request Web Portal instructions, with pictures included. I have also attached a copy of the required Web Portal Consent Form. Please use the Requesting Agency ID and Requesting Agency Contact ID in step number 9 of the instructions when completing the Web Portal Consent Form online. To access the portal, it is on the right side of the homepage, under the second green box, the cost is $14.00. If you need assistance, please contact Ruth Hess at (302) 892-5800. Please submit a copy of the online form to Ms. Samuels.

NEW CRIMINAL BACKGROUND CHECK PROCEDURE-STEP BY STEP INSTRUCTIONS INCLUDED

1. CBC-Is now being done through IdentoGo. https://uenroll.identoGo.com.You must enter code 27RY4X
2. CBC-new cost $38.00
3. CBC RECEIPT GOES TO SCHOOL TO BE RECORDERED. PLEASE GIVE A COPY TO MS. SAMUELS

Due to State of Delaware Code, volunteers are required to do a DCP and CBC yearly.

If you have questions, please contact Ms. Samuels @ 302-454-2290 or danielle.samuels@christina.k12.de.us
Christina School District
SCHOOL VOLUNTEER ENROLLMENT FORM
(Volunteers may include, but are not limited to, parent classroom volunteers, mentors, or field trip/activity chaperones.)

General Information:
(Please print clearly)

School Name: ________________________________

Name: ________________________________ Date of Birth: ________________________________

   Last   First   Middle   (required)

Address: ____________________________________________________________

   Street   City   State   Zip

Phone: (Home) ________________________________ Work/Cell) ________________________________ (Email) ________________________________

Emergency Contact: Name ________________________________ Phone ________________________________

Check one: I am a volunteer who is...

☐ assisting only with my child's class
☐ assisting with any grade/class if needed
☐ Chaperoning a field trip/activity
☐ Mentor

How often are you willing to volunteer or chaperone? (check one)

☐ More than once a week
☐ Once a week
☐ Once a Month
☐ Other ________________________________

Please list two references (excluding family):

Name ________________________________ Address ________________________________ Phone (best contact #) ________________________________

Volunteer 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.

Signature of Volunteer: ________________________________ Date: ________________________________

Signature of Principal*: ________________________________ Date: ________________________________

*Required before volunteering in the classroom.

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 minor traffic violation?        ___ Yes ___ No
   If yes, Please explain: ____________________________________________________________

2. Have you ever been convicted or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment or exploitation, or any other crime related to children? ___ Yes ___ No
   If yes, Please explain: ____________________________________________________________

3. Are you required to register as a sex offender with the Sex Offender Registry? ___ Yes ___ No
   If yes, Please explain: ____________________________________________________________

4. Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned? ___ Yes ___ No
   If yes, Please explain: ____________________________________________________________

I, as a volunteer working in the Christina School District, fully understand that this position is, as stated, on a volunteer basis, which inherent in its meaning, entitles me to no pay or any form of compensation for my services. I understand that the volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

I authorize Christina School District to review my personal background. I consent to having Christina School District conduct a criminal background check. I understand that any misrepresentation on any of the volunteer enrollment forms may result in immediate disqualification from any volunteer service within the district. I understand the Christina School District reserves the right to deny my application to serve as a volunteer. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to this process.

__________________________________  __________________________
Signature                                Date

Please return this form to your student's school office.
Volunteer Name: ___________________________ Date: ___________________________

Volunteer Signature: ___________________________

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

All school students, employees, and volunteers are required to be screened for Tuberculosis (TB). 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:

<table>
<thead>
<tr>
<th>Can you answer “yes” to any of the questions below?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past five years, have you lived or been in close contact with anyone who had active, infectious TB disease?</td>
</tr>
<tr>
<td>2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks?</td>
</tr>
<tr>
<td>Cough</td>
</tr>
<tr>
<td>3. Have you ever had a positive HIV test?</td>
</tr>
<tr>
<td>4. In the past five years, have you ever used illegal intravenous drugs?</td>
</tr>
<tr>
<td>5. In the past five years, have you been incarcerated?</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health.</td>
</tr>
<tr>
<td>• In the past five years, have you stayed/lived in one of these countries for 1 month or longer?</td>
</tr>
<tr>
<td>• 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?</td>
</tr>
</tbody>
</table>

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.

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3To maintain confidentiality of student 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.

4CDC defines “close contact” as prolonged, frequent, or intense contact with a person with TB, while both were in infectious.
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*: Christina School District - Human Resources
   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.)

U:\DMSS\CHU\CPR\Web Portal\Web Portal CPR Consent
Individual Procedures - Delaware Child Protection Registry (CPR) Request Web Portal

Delaware child abuse and neglect checks must be requested through the Department of Services for Children, Youth and Their Families (DSCFY), Child Protection Registry Request Web Portal.

Individuals need to download and complete the consent form found on the CPR Portal homepage, then register on the CPR Portal to submit a CPR request and obtain their completed CPR results. You should only register one time unless advised otherwise by DSCFY staff.

Registration - To register on the CPR Portal, go to childprotectionregistry.delaware.gov/

*If your agency has not given you a consent form, please download and print a copy of the consent form while on the homepage.

Welcome to the Delaware Child Protection Registry Request Web Portal

This portal is for licensed and out-of-state agencies and individuals that are required by law to request a Delaware child protection registry check. Through this website, agencies and individuals can register to request child protection registry checks and obtain results in the portal.

This site works best using Chrome or Safari, you can download Chrome by clicking HERE. This site is supported on Internet Explorer, Microsoft Edge, or other browsers. You can also access the portal using your mobile device, Questions may be directed to DSCFY.CHMPS@delaware.gov

Access to the CPR Portal is permitted only from within the United States and its territories including American Samoa, Guam, Northern Mariana Islands, US Virgin Islands and Puerto Rico.

User name

Enter User Name

Password

Enter Password

Forgot your password?

1. Click New Individual Registration.

As an unregistered user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

Any activity on this system may be monitored or audited by DSCFY or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree to the terms of this notice.

By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access to the Child Protection Registry Portal is granted.

* I ACCEPT AND AGREE

The INDIVIDUAL REGISTRATION FORM will appear:

[Registration form image]

[Registration form fields]

1. Fill in the required fields:

   - First Name
   - Last Name
   - Street 1
   - City
   - State
   - Zip Code
   - Email Address
   - Phone Number

2. Review the information entered to ensure accuracy.

3. Click the “Submit” button to complete the registration.

Note: The portal requires a signed consent form from the applicant. This signed consent form must be uploaded to the portal before registration is complete.

Questions or comments? Please contact DSCFY.CHMPS@delaware.gov.
2. Complete all required fields.

3. Read the conditions for requesting access to the Delaware Child Protection Registry Portal. When you accept and agree to the conditions, click the box beside I ACCEPT AND AGREE.

4. Check your email for a Welcome to the Delaware Child Protection Registry Portal notice. It will contain your Agency ID number and User Name. If this email is not received within 5 days of registration, call the Criminal History Unit (CHU) at 302-892-4525. You will need to provide your assigned ID number and the date registered.

Dear [APPLICATION NAME],

Welcome to the Delaware Child Protection Registry Portal. Your account has been approved/reactivated. Your Agency/Individual ID number is [ID]. Please make a note of this number for future reference. You must accept the user agreement before you access the web portal.

NEW USER - If you are a new to the web portal to complete registration you will need to follow this link [URL].

[REMEMBER TO USE YOUR E-MAIL ADDRESS TO LOG IN] [REMEMBER TO USE YOUR E-MAIL ADDRESS TO LOG IN]

If all required information is completed, the screen should turn white, and then a notice will appear to Check your email regarding the status of your registration.

[Check your email for a Welcome to the Delaware Child Protection Registry Portal notice. It will contain your Agency ID number and User Name. If this email is not received within 5 days of registration, call the Criminal History Unit (CHU) at 302-892-4525. You will need to provide your assigned ID number and the date registered.]
6. Read the entire email, click on large link.

Dear [RECIPIENT],

Welcome to the Delaware Child Protection Registry Request Web Portal. Your account has been approved/activated. Your Agency/individual ID number is 28326. Please make a note of this number for future reference. You must accept the user agreement each time you access the web portal.

NEW USER: If you are new to the web portal, to complete registration you will need to follow this link: https://www.cpr.cpr.gov/webapp/.

USER PASSWORD: Create your own unique password for access to the web portal. To change a password, you must log in to your account. Follow these instructions to change your password:

7. Enter new password, confirm password, click Change Password. Keep your User Name and Password for future CPR Portal access.

8. Click CLICK HERE TO CREATE NEW CPR REQUEST. Note: If you are sharing your results with another agency, the Requesting Agency ID number and the Requesting Agency Contact ID number are required for each agency. The Agency Contact can provide this information. Follow the procedures below to share your results.

9. Complete all required fields (additional fields can be completed for a more extensive search of the child protection registry), click CONFIRM. Request is in "PENDING" Status.

For CPR request to be shared with an agency, the requesting Agency ID and requesting Agency Contact ID are required. Please contact the requesting agency to obtain these two ID numbers.
10. Follow instructions on page for How to upload completed consent form and complete submission. In Notes and Attachment section, click Upload Files to upload the completed CPR consent form. *A blank consent form can be found on the homepage below the New Individual Registration button.

Click here to create an additional CPR request, view CPR request status, make CPR request payment.

Reminder regarding Requesting Agency Information

If you are sharing your results with an Agency, Agency ID and Agency Contact ID are required. If you did not enter this information when creating your CPR Request, there will be a final opportunity to add this data during Review and Save. Decease this information cannot be entered.

11. Message across middle of screen "Upload Files", click Done.

Upload Files

1. Message at top of page - 1 file was added to the Child Protection Registry.
13. Top right side of page, click **Review and Save**.

14. Click **Save**.

```
Request Status
Pending Payment
  Last Name 1
  SPARROW
  First Name 1
  JACK
  Middle Name 1

SSN
  DOB
  6/5/1963
  Gender
  Male
  Race
  White
  Ethnicity
  Not Hispanic or Latino
  Alias Last Name 2
  Alias First Name 2
```

15. Message at top of page - **CPR request successfully submitted**. Request is under "CONTINGENT PAYMENT REQUESTS", needing payment to submit.

16. To view CPR request status or make CPR request payment, click at top of page. Click here to create an additional CPR Request, view CPR requests status, make CPR request payment.

Optional Procedures for An Individual Sharing CPR Results with An Agency:
1. Individual completes **New Individual Registration** by following the individual Procedures above.
2. Individual obtains Agency ID number and Agency Contact ID number from the agency that they are sharing their results with and enters this information in the appropriate fields at the bottom of the Create New CPR Request page. By entering this information, you are allowing the Agency Contact to view and print the results of the CPR request. An individual can share results with up to five agencies by adding the Requesting Agency ID and Requesting Agency Contact ID for each agency when making a New CPR Request. This must be done prior to clicking Save and submitting payment. If this information is not entered on the Create New CPR Request page, the individual will be given a final opportunity to enter this information on the **Review and Save** page. This information cannot be entered once the request is saved.
3. On the CPR consent form, check number 3, "Individual Request – Share Results with Requesting Agency," and then list below the name of each agency you are sharing the results with.

Payment for CPR Request:
1. Click "CONTINGENT PAYMENT REQUESTS" tab.

2. Under CPR Record Name column, click box to left of name. A check mark will appear in the box.
3. Click Proceed to Payment.

4. Complete all required fields, click Continue.

5. Click Confirm, Modify or Exit. Clicking confirm will attempt to make payment. After payment validation, request moves under "SUBMITTED REQUESTS" tab.

Is this information correct?

CPR Results

1. Allow 10 business days to receive a Child Protection Registry Notification email informing you that CPR results are available on the CPR Portal. Click email link to login CPR Portal.

If you are receiving the email and the requested records are not available, please contact the Delaware Department of Services for Children, Youth and Their Families. Please login to the CPR Portal at [CPR Portal URL] to check the status of your request.

2. Click the "COMPLETED REQUESTS" tab.

3. In the CPR Letter column, click download to view and print results letter. Results will be available on the CPR Portal for six months.

Questions may be directed to: DSCYF.CHU_Portal@delaware.gov

U:\DMS5\CHU\CPR\Web Portal\Procedures\Individual Procedures - Delaware Child Protection Registry (CPR) Web Portal -- 1-11-2022
Service Name: Public School Volunteer – Christina District

To Schedule your ten-minute fingerprint appointment, simply visit https://uenroll.identogo.com and enter the following Service Code

27RY4X

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver’s License issued by a State or outlying possession of the U.S.
- Driver’s License PERMIT issued by a State or outlying possession of the U.S.
- Driver’s License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver’s License (EDL)
- Commercial Driver’s License issued by a State or outlying possession of the U.S.
- Commercial Driver’s License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent’s Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver’s License
- Foreign Driver’s License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Name Linking Documents (only needed if name on identification does not match name in registration):

- Original or Certified Copy of a Court Ordered Name Change Document (to include marriage certificates and divorce decrees)

Don’t have access to the Internet? You can still schedule an appointment by calling 866.761.8069.
The following steps show the process for a new applicant that selects "Schedule an Appointment":

Further instructions regarding this process will be sent separately:

- Submit a Fingerprints Card by Mail (Complete the pre-enrollment information necessary to submit a Fingerprints Card and enrollment by mail)
- Localize an Enrollment Center (Locate and get directions to an enrollment center near you)
- Find out which documents you need to bring to the enrollment center to facilitate processing
- Schedule an Enrollment Appointment (Schedule an in-person appointment or change an existing appointment)
Applicants that provide an email address as the method of contact will receive notifications via email. If an applicant does not provide an email address, contact will be made via phone only.
Required fields:

- Document
- Address
- Personal Info
- Personal Questions
- Citizenship
- Essential Info
- Service Code
- Service Name

NOTE: Please note that all personal information is confidential.

Do you have an authorization code (CQPLN Code) that you will be using as a method of payment?

Is your mailing address the same as your residential address?

Have you ever used an alias?

Have you ever used a misleading name?

Please answer the questions below. Then click Next to continue or Cancel to exit.
Mailing Address

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Postal Code

City

Address Line 1

Address Line 2

Country

Required Fields

Date and Time

Location

Documents

Address

Personal Info

Personal Questions

Service Code - Service Name
Does the name you are enrolling under match the name on all documents selected?

Choose One – Document

Please select the required documents to bring to your enrollment. Then click "Next" to continue or "Cancel" to exit.

Required Fields:
- Date and Time
- Location
- Address
Applicants that provide an email address will also receive the Service Summary via email.

Applicants that do not provide an email address will not receive further appointment confirmation.

Please provide your email address when making an appointment.

Appointments will be made until you have scheduled the required number of appointments.

Service Code - Service Name

[Image]
West Park Place Elementary School
Field Trip Guidelines for Chaperones

Thank You for Your Support!

We believe that field trips provide a valuable educational experience for students. Field trips increase student knowledge and understanding of a subject and add realism to the topic of study. Without the help of volunteer chaperones, most field trips would not be possible. Thank you very much for giving your time and support.

In order to help ensure that school-sponsored field trips result in safe and rewarding experiences for all participants, we have prepared these guidelines to provide information about volunteering as a field trip chaperone.

Becoming a Volunteer Field Trip Chaperone
Student safety is our paramount concern. All volunteers must be approved by the District. You can begin this process by completing the school volunteer packet found in the school office or on the West Park Place website. Information from this paperwork is kept confidential.

Guidelines for Volunteer Chaperones
Before the field trip, the classroom teacher will provide you with information regarding the activities planned for the trip, expectations for supervising students and emergency procedures. In addition, the following general guidelines will help you be a good chaperone. If you have questions regarding these guidelines, please speak to the teacher or the principal.

1. All school rules apply on school sponsored field trips. Chaperones are expected to follow school rules, follow the directions given by the coordinating teacher, work cooperatively with other volunteers and school staff members, and serve as a role model for students. The chaperone will follow the trip plan developed by the teacher.

2. Students must be supervised at all times while at a school sponsored event. As a chaperone, you will supervise a small group of students, helping them learn and making sure they are safe. Students must stay with you, their chaperone, at all times. Check to make sure you know where all students are regularly and before changing activities. Be sure you know when and where to meet the rest of your group at the end of the visit. Count, count, count, all day!

3. Student behavior is the teacher’s responsibility. School rules related to student behavior apply. Teachers will go over the rules and standards of behavior, safety rules, and any sitespecific rules with students. It is the responsibility of the teacher to discipline a student who is misbehaving.

4. Chaperones:
   - May not use or possess alcohol or drugs
   - May not use tobacco in the presence of, or within the sight of, students
   - May not administer any medications, prescription or nonprescription, to students

5. There is no eating or drinking on the school bus.

6. For the protection of both the student and the chaperone, chaperones should not be alone with a student at any time - for example, in a restroom, etc.

over