

# 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...

- |   |  |
|---|--|
| <input type="checkbox"/> assisting only with my child's class     | <input type="checkbox"/> Chaperoning a field trip/activity |
| <input type="checkbox"/> assisting with any grade/class if needed | <input type="checkbox"/> Mentor                            |

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

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Once a Month |
| <input type="checkbox"/> Once a week           | <input type="checkbox"/> 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<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? 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 with others outside of your family, who were homeless? 7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health. <ul style="list-style-type: none"><li>• In the past five years, have you stayed/lived in one of these countries for 1 month or longer?</li><li>• 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?</li></ul>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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
<b>If you checked <u>yes</u>, you are <u>required</u> 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.</b>

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

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

<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>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 INFORMATION (PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_  
Last First Middle

Other Name(s) used: \_\_\_\_\_ DE Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
yyymmdd

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 agency/organization with all substantiated cases of child abuse or neglect concerning me contained in 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. AGENCY INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)**

Agency Identification Number (if applicable): 446

Contact ID: 593

Requesting Agency Name: Christina School District

Address: 600 North Lombard Street, Wilmington, DE 19801

Phone: (302)552-2643 Fax: (302)552-2651 Contact Person: Paul Walmsley

Contact Email: paul.walmsley@christina.k12.de.us

**DSCYF USE ONLY:**

The individual listed above ( \_\_\_ is listed ) ( \_\_\_ is NOT listed ) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History 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.