



## Volunteer Information Sheet for Parents and Guardians

- A volunteer is an adult who is left alone to supervise students. Volunteers may include tutors or chaperones on a school trip.
- A visitor is an adult who comes into the school or a classroom, but is always in the presence of a Teacher or Administrator.
- Volunteers are required by State of Delaware code to have a criminal background check (CBC).
- Volunteers who are already on the Lake Forest Volunteer list do not need to get a *new* criminal background Check or complete a new packet.
- NEW volunteers should obtain a Volunteer Packet from their child's school. The school will submit the completed packet to the Office of Human Resources. Once all clearances and paperwork are received, the volunteer will be added to the Lake Forest Volunteer list.
- Volunteers currently employed by other State of Delaware agencies may request that their agency send to Lake Forest Human Resources a "true copy" of their Criminal Background check that is signed and dated by their agency official.
- The School Administrator will determine if you need a Volunteer Packet or if you are considered a visitor to the school.

**Thank you for helping our students by serving as a visitor or volunteer!**



## Volunteer Packet

- Policy and guidelines for becoming a volunteer are found in Delaware Code Title 31 §309 and Board Policy IJOC- School Volunteers.
- Required for any circumstances where the volunteer will be outside the sight of a teacher or administrator. This includes, but is not limited to, mentoring students and all field trips.
- State of Delaware and FBI Criminal Background Check Required
- \$18 fee (to be paid by individual to the State of Bureau of Identification.) Note: If an individual is currently employed by a State of Delaware Agency, they may request the agency send us (via state mail) a “True Copy” of the CBC that is signed and dated by the Agency official. Current Employees of the Lake Forest School District will not require a CBC, or any packet.

**To obtain a State of Delaware and FBI Criminal Background Check, please go to:**

**BLUE HEN CORPORATE CENTER AND MALL  
SUITE 1B  
655 BAY ROAD (US 113)**

**HOURS:**

**Monday, 8:30AM – 6:30 PM**

**Tuesday through Friday, 8:30AM – 3:30PM**

**Cash, money order, Visa, MasterCard and Discover accepted**

**Personal checks are NOT accepted**

# LAKE FOREST

*your best choice*

## SCHOOL VOLUNTEER ENROLLMENT FORM

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

Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Telephone: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

Sibling Names: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

Sibling Names: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

I would like to ...

- BE A SCHOOL VOLUNTEER – This includes, but is not limited to, volunteering to chaperone school trips where I may be left alone with students or volunteering in a classroom where no LAKE FOREST staff may be present.  
*(State of Delaware and FBI Criminal Background required - \$18 charge paid directly to DE State Police by the Volunteer)*

### Volunteer Contract:

As a volunteer in the Lake Forest School District 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.
- Immediately report to Lake Forest School District Human Resources if you are convicted of a crime other than a minor traffic violation or had an administrative finding of violating any law involving child abuse, sexual abuse, sexual harassment, exploitation, any other crimes related to children, or register as a sex offender with the Sex Offender Registry.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Administrator approval required before volunteering.

This enrollment form will be kept on file at the District Office.



### Volunteer Conduct

The Lake Forest School District Board of Education believes that one of the best methods of serving in a position of a School Volunteer or Chaperone is that of setting a good example. The Board expects that all school volunteers and chaperones will strive to set the kind of example for students that will serve them well in their own conduct and behavior which will contribute toward an appropriate school atmosphere. To that end, in dress, conduct, and interpersonal relationships, all volunteers and chaperones should recognize that they are being continually observed by students and that their actions and demeanor will be reflected in the conduct of students. The personal life of a volunteer or chaperone will not be the concern of the District unless it prevents the individual from effectively and positively performing assigned functions during work hours, or if some aspect of it violates any local, state, or federal laws. No volunteer or chaperone will commit or attempt to induce students or others to commit an act or acts of immoral, unethical, or illegal conduct, which may be harmful to others or bring discredit to the District. Immoral, unethical, or illegal conduct while performing the duties of volunteer or chaperone will constitute grounds for termination of the status as a volunteer or chaperone.

I have read and understand the above expectations.

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\*Signature

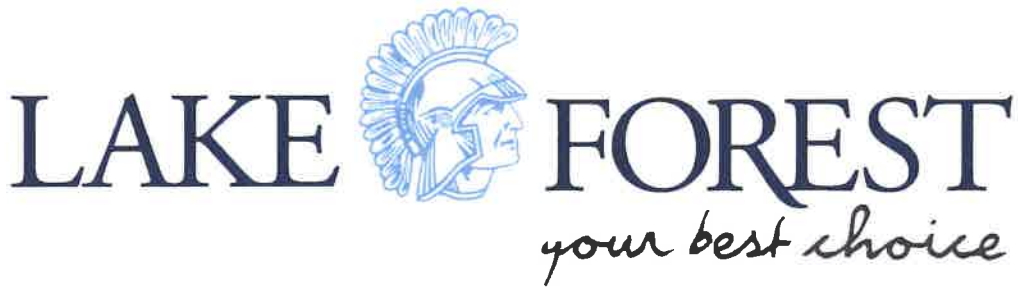
Date

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Print Name

School

\*Signature required before volunteer may work with students.



**Volunteer Disclosure Form**

It is the policy of the Lake Forest 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 Office of Human Resources prior to beginning a volunteer experience in the Lake Forest School District.

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 in the Lake Forest 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 District or the volunteer.

I understand that any misrepresentation on any of the volunteer enrollment form may result in immediate disqualification from any other volunteer service within the District. I understand that the Lake Forest 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

\_\_\_\_\_  
Printed Name

\*Signature required before volunteer may work with students



**DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM**



Fax or Mail Request to:

DSCYF, OCCL  
Criminal History Unit  
1825 Faulkland Road  
Wilmington, DE 19805

Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Do not use a cover sheet
- Do not send duplicate requests
- 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 Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
mm / dd / yyyy

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or 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 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/ORGANIZATION INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)**

**Please check only one:**

- EDUCATION  HEALTH CARE FACILITY  CHILD CARE  OTHER \_\_\_\_\_

Agency Identification Number (if applicable): \_\_\_\_\_

Requesting Agency Name: Lake Forest School District

Address: 5423 Killens Pond Road Felton, DE 19943

Phone: 302-284-3020 Ext. 124 Fax: 302-284-4491 Contact Person: Cora Reed

**DSCYF USE ONLY:**

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

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_

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?	
<ol style="list-style-type: none"><li>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?</li><li>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</li><li>3. Have you ever had a positive HIV test?</li><li>4. In the past five years, have you ever used illegal intravenous drugs?</li><li>5. In the past five years, have you been incarcerated?</li><li>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?</li><li>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></li></ol>	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 <b>required</b> 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.