

HURON CITY SCHOOLS



SCHOOL VOLUNTEER PACKET

Includes District Policy, Volunteer Form, and BCI form

Please have your fingerprints done and have a copy sent to the Superintendent's Office and turn in your volunteer packet at any building they will forward to the Superintendent's Office.

Superintendent's Office

The Board of Education believes one of the greatest resources available may be found in the citizens of the community who have special knowledge and talents to contribute to the District.

Likewise, to keep our children safe, current and perspective volunteers who have or will have unsupervised access to children on a regular basis may be subject to a criminal record check (BCII).

I have offered my services as a volunteer to help the Huron City School District in the following areas:

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District (including, but not limited to, the volunteer's obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law – see below). I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

All volunteers need to display appropriate behavior at all times. In accordance with R.C. 109.575, all volunteers who work or apply to work unsupervised with children on a regular basis may/will be required to provide a set of fingerprints at any time so that a criminal records check can be conducted. If a criminal records check is conducted, it will be done as a condition of initial or continued service as a volunteer. If a criminal records check indicates that a volunteer has been convicted of or pleaded guilty to any of the offenses described in R.C.109.572(A)(1), the volunteer will be informed of the Board's actions in accordance with Policy 3120.09.

DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The District is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. As an approved volunteer in the District, you may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access to except as authorized by Board policy and law.

Violations of this duty may result in a reassignment and/or restriction of your volunteer responsibilities by the building principal or designee.

Volunteers must comply with the following:

- All student records are considered confidential
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.
- Volunteers may not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, school or extra- curricular activities.
- Volunteers may not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.
- Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and/or the building principal.

By signing below, you acknowledge that you have read and understood, and agree to comply with the terms and conditions set forth above.

Volunteer's Signature

Volunteer's Printed Name

Principal's Signature

Volunteer's Address

District Witness Signature

Volunteer's Phone Number



Huron Board of Education
712 Cleveland Rd. E.
Huron, Ohio 44839
Phone: 419-433-1234 X 5000
Fax: 419-433-7095

As part of the enrollment process, Ohio Department of Education requires that I have a criminal record background check conducted before I am placed on the board agenda for hire. This background check is to be conducted by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Identification (FBI). Therefore I am requesting a National Web Check, 10-digit, for employment purposes.

Name: _____

Alias: _____

Date of Birth: _____

Driver's License Number: _____ Issuing State: _____

Social Security Number: _____

Address (including P.O. Box, if applicable): _____

City: _____ State: _____ ZipCode: _____

Transaction Type: FBI BCI

Reason Fingerprinted: **Volunteers need BCI only**

Mail Results to: Superintendent's Office
% The Huron City Schools Board of Education
712 Cleveland Rd. E.
Huron, OH 44839

Submit Electronically to ODE if you are: Administrator, Teacher, Bus Driver, Coach with a P.A.P., Administrator, or Teacher's Aide

Signature of person taking prints _____ Date: _____

Signature of Person Being Fingerprinted _____ Date: _____

Huron City Schools Board of Education

Office Hours:

**Monday through Friday
7:00 a.m. – 4:00 p.m.**

**Make sure you go to the
Huron Police Department for
your BCI Check or you will
have to pay.**

**You must take the BCI page
from your packet with you to
prove that you are a Huron
City Schools Volunteer.**