

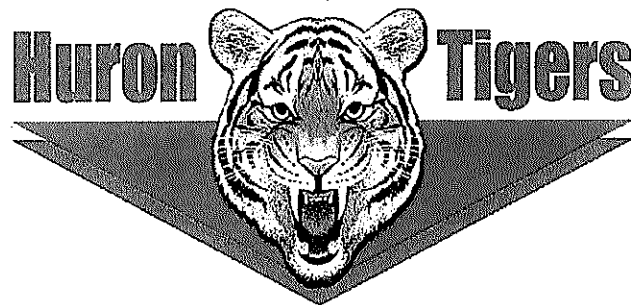
# HURON CITY SCHOOLS

## School Volunteers

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Includes District Policy and Volunteer  
Form

**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).*

## SCHOOL VOLUNTEERS

The Board 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. The use of citizens as volunteers within the school program enhances the educational process not only for students, but for the community as well. Volunteers may provide additional support in the classroom, promote community-school cooperation in facilitating the learning process and provide resource persons who have expertise in various areas.

Recruitment and selection of volunteers is done at the local building level. Interested individuals should contact the building principal or his/her designee. The interests and abilities of the volunteers are considered when making assignments.

All volunteers shall be registered with the District office and at the appropriate building. Standard procedures for record keeping include hours contributed by various volunteers, types of services or donations made and an application kept on file at the local school for any volunteer who works directly with students, especially in tutorial relationships.

Current and prospective volunteers who have or will have unsupervised access to children on a regular basis may, at any time, be subject to a criminal record check (BCII).

[Adoption date: June 24, 2014]

LEGAL REFS.: ORC 2305.23; 2305.231

Chapter 2744

3319.39

OAC 3301-9-01

CROSS REFS.: GBQ, Criminal Record Check

ICC, Community Instructional Resources (Also KF)

# HURON CITY SCHOOLS

## SCHOOL VOLUNTEER RELEASE FORM (IICC)

I have offered my services as a volunteer to help the Huron 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	Date	Volunteer's Printed Name
District Witness' Signature	Date	Volunteer's Address
Building Principal's Signature	Date	Volunteer's Phone Number

**Signed Form:** Original: Board of Education  
Copy: Volunteer  
Copy: Building Principal

**BCII needed? (Circle One)** Yes No  
BCII date of record check: \_\_\_\_\_  
BCII: File at School Office & Supt. Office  
Board approval date: \_\_\_\_\_

## Request for a Background Check via Electronic Fingerprinting

**Part A** *Type of Background Check Requested*

- Select appropriate box(es) for BCI , FBI (or) both
  - An "Authorized Reason Code" MUST be provided for check to be processed (refer to "authorized Reason Code" listing)
- BCI Reason Code: NO ORC                       FBI Reason Code: \_\_\_\_\_

**Part B** *Direct Copy (select only one):*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> NONE                             | <input type="checkbox"/> Lottery Commission       | <input type="checkbox"/> OH Dept. of Liquor Control       |
| <input type="checkbox"/> BMV Dealer Licensing             | <input type="checkbox"/> OPOTA (OH Peace Officer) | <input type="checkbox"/> OH Dept. of Public Safety / PISG |
| <input type="checkbox"/> BMV Deputy Registrar             | <input type="checkbox"/> OH Board of Nursing      | <input type="checkbox"/> OH Dept. of Insurance            |
| <input type="checkbox"/> Child Care Center (Type A-ODJFS) | <input type="checkbox"/> OH Board of Pharmacy     | <input type="checkbox"/> OH Racing Commission             |
| <input type="checkbox"/> Dietetic Board                   | <input type="checkbox"/> OH Dept. of Education    | <input type="checkbox"/> Respiratory Care Board           |

**Part C** *Personal Information (please print):*

Name \_\_\_\_\_ State/Province \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ Email Address \_\_\_\_\_

**Part D** *Address for results to be mailed to:*

SUPERINTENDENT'S OFFICE  
 HURON BOARD OF EDUCATION  
 712 CLEVELAND RD. E., HURON, OHIO 44839

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the OH Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to \_\_\_\_\_ (requesting agency). I voluntarily and knowingly release and discharge the Webcheck processing agency, the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Parent/Guardian Signature (Minor Applicants only) \_\_\_\_\_

**\* By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**



**Huron City Schools  
Board of Education**  
Office Hours:  
Monday through Friday  
7:00 a.m. – 4:00 p.m.

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**National (BCII & FBI) Webcheck:**  
(Electronic Background Checks)

**Huron Police Department**  
8:00 a.m. – 12:00 p.m. Monday through Friday