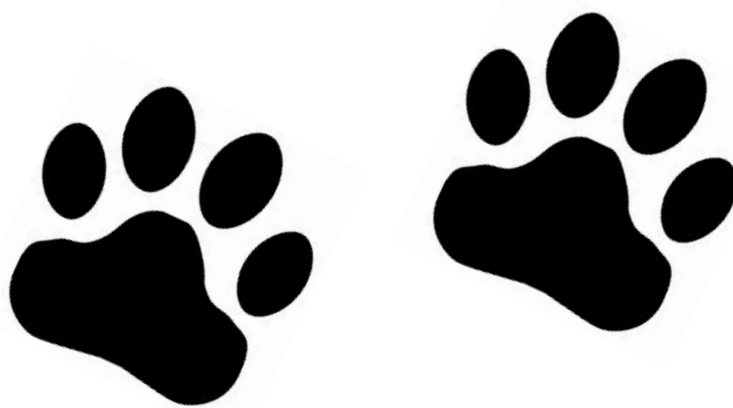




Huron City Schools Volunteer Packet



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 prospective volunteers who have or will have unsupervised access to children on a regular basis may be subject to a criminal record check (BCI).



Thank you for your interest in volunteering for Huron City Schools. This packet must be completed in its entirety and returned to the Huron City Schools Board of Education. Once the packet has been received, the volunteer will be issued the Huron City Schools Authorize to Pay Background Check form to take to the Huron Police Department. The form must be signed by the Huron Police Department and returned to the Huron Board of Education to show the volunteer has completed the background check.

Once the background check is received from the Ohio Bureau of Criminal Investigation, the volunteer's name will be placed on the current Huron Board of Education agenda for approval. After approval, the volunteer will be notified by phone or email and volunteering for Huron City Schools may commence.

Please contact the Office of the Superintendent at (419) 433-1234 ext. 5000 if you have questions regarding the volunteer packet.

Huron City Schools

Volunteer Release Form (IICC)

<input type="checkbox"/>	Shawnee	<input type="checkbox"/>	Huron High	<input type="checkbox"/>	PTO
<input type="checkbox"/>	Woodlands	<input type="checkbox"/>	Extracurricular	<input type="checkbox"/>	Classroom
<input type="checkbox"/>	McCormick Jr. High	<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Other _____

- 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.

As a volunteer for Huron City Schools, I will:

1. Behave in a professional manner, realizing that one's actions reflect directly on the status and substance of the District.
2. Maintain a professional relationship with all students at all times, both in and out of school.
3. Adhere to federal, state and local laws regarding criminal activity.
4. Accurately report information required by the local school board of education, state education agency, federal agency or state or federal law.



Huron City Schools Authorize to Pay Background Check (Electronic Finger-Printing)

Huron City Schools authorizes a BCI background check for _____,
who has completed the Huron City Schools Volunteer Packet.

Volunteer Personal Information

Name: _____

Date of Birth: _____

Address: _____

SS# _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

I certify that the information above is accurate and I voluntarily and knowingly authorize the OH Bureau of Criminal Identification and 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 Huron City Schools. 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.

Signature

Date

Huron Police Department Officer

Address for results to be mailed to:

Huron City Schools
Board of Education, Office of the Superintendent
712 Cleveland Road East
Huron, OH 44839