

STATEMENT POLICY

Cranston Public Schools appreciates volunteer efforts in its schools. Parents, college students, senior citizens, elected officials, business representatives, and community members are important sources of support and expertise that enrich the instructional program, assist teachers, and connect the student body with the community.

DESCRIPTION

A volunteer is any non-compensated person who wishes to donate his/her time within a school building, at a school sponsored event, or where children are present.

Volunteers must adhere to all Cranston Public Schools policies and regulations including but not limited to Code of Conduct, Confidentiality, etc.

Volunteers shall not physically discipline a student.

REQUIREMENT

Volunteers shall be required to complete an Information and Disclosure Statement. In addition, volunteers *may* be required to participate in an orientation and / or training established by Cranston Public Schools.

AGE REQUIREMENT

Volunteers must be a minimum of 18 years of age.

CONFIDENTIALITY

Volunteers must adhere to the confidentiality of what is observed and not shared outside the classroom. Volunteers must maintain confidentiality, and are not permitted to discuss student/school related issues in the outside community. Volunteers shall not have access to confidential information / files / records.

SAFETY AND SECURITY

Upon initial application, all volunteers shall be required to obtain a Rhode Island BCI. All out-of-state volunteers, or volunteer applicants who have not resided in Rhode Island for a period of one year, shall be required to obtain a National Fingerprint BCI.

The cost of the background check, if any, is the responsibility of the applicant. Funds may be made available for those who are unable to cover the cost of the background check. Inquiries may be made with Human Resources.

Volunteers should not be with a student/s unless in the presence of a classroom teacher, administrator, or appropriate school personnel. A volunteer shall not be in a one-on-one situation with a child, during or outside of a school day.

Volunteers must provide identification and sign in/out at the school's main office. Volunteers shall wear the "Visitors" badge or other means of identification, as required by school policy.

VOLUNTEER LIABILITY AND INDEMNIFICATION

A volunteer shall at all times indemnify and hold harmless the Cranston Public Schools and its officers, agents and employees from any and all claims, damages and expenses arising out of injuries to persons or damage to property which resulted from any omissions or negligent acts of the volunteer.

EXCLUSION

This Policy may not apply to parents observing classrooms, guest speakers, performers, student mentors who are enrolled in Cranston Public Schools, truancy court personnel, newspaper reporters, vendors for school related items such as rings, yearbooks, delivery vendors, and alike, provided they are accompanied by the Superintendent or school personnel.

RECORDS RETENTION

The Office of Human Resources shall maintain an accurate file of signed Volunteer Disclosure Statements and criminal background checks as required by Policy.

DISQUALIFYING INFORMATION

If there is any disqualifying information concerning a potential volunteer, it will be noted by the Attorney General's office. It is the responsibility of the Superintendent or his/her designee to meet with that person and explain that he/she will not be able to participate due to the information contained in the report(s).

"Disqualifying information" means those offenses listed in R.I.G.L. §§ 23-17-37, 11-37-8.1 (First degree child molestation) and 11-37-8.3 (Second degree child molestation).

APPEALS PROCESS

Any volunteer against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the Superintendent, who shall make a judgment regarding whether the individual may volunteer in Cranston Public Schools.

Any volunteer wishing to appeal the Superintendent's decision may do so by writing a letter to the Chairperson of the School Committee within ten days of the Superintendent's decision, requesting a hearing before the School Committee.

ENACTMENT

This policy shall take effect thirty days from passage.

Policy
Adopted: June 22, 2009 – Resolution No. 09-6-26

Cranston Public Schools
Cranston, R.I.

CRANSTON PUBLIC SCHOOLS
845 Park Avenue, Cranston, RI 02910

VOLUNTEER DISCLOSURE STATEMENT

It is the Policy of Cranston Public Schools to make reasonable efforts to provide a safe learning environment for students and staffs working with volunteers. Therefore, Cranston Public Schools requires the following information from all volunteers.

SCHOOL NAME _____

VOLUNTEER NAME _____

MAIDEN NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ ID/ LICENSE NUMBER _____

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? _____ Yes _____ No

Have you lived outside of Rhode Island in the past year? _____ Yes _____ No

IN CASE OF EMERGENCY, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

I have read the above pre-requisite and agree to abide by the Terms and Conditions as required.

SIGNATURE _____ DATE _____

ADMINISTRATOR _____ DATE _____

COPY OF APPLICANT'S IDENTIFICATION OR DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM.

CRIMINAL IDENTIFICATION WAIVER AUTHORIZATION

I am interested in volunteering in Cranston Public Schools.

Name: _____

Maiden Name: _____

Date of Birth: _____

Disclaimer

I, _____, hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to Cranston Public Schools any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of action, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General’s Office in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____, State of _____

this _____ day of _____, _____.

Notary Public

Commission Expires

Note- the Attorney General’s Office requires the following documents: Notarized Consent form, photo copy of Photo ID that includes date of birth, check or money order for \$5.00 made payable to BCI, reason for background check, and a stamped envelope addressed to the Department of Human Resources, 845 Park Avenue, Cranston RI 02910.

VOLUNTEER APPLICATION

Please note, this form is not mandatory. However, this form would assist the Building Administrator in scheduling for special events.

Name: _____

Student (s) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

License Plate #: _____ Car Type: _____ Color: _____

Indicate days and times available to volunteer: _____

What types of activities would you like to volunteer for? _____

What are your interests, skills, or hobbies? _____

IN CASE OF EMERGENCY: please list two people to notify in case of emergency.

Name, Relationship: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Cell: _____

Name, Relationship: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Cell: _____