

# **MENTOR PACKET**

- **State of Delaware Criminal Background Check Required**  
**(\*no charge to Mentor – complete information on required form)**
- **Provides Mentoring or 1:1 support for students outside a teacher or administrator's sightline.**

Caesar Rodney School District  
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 on a consistent basis where CR staff are present  
*(NO Criminal Background Check required)*
- MENTOR STUDENTS (Criminal Background information required – no charge)
- BE A CHAPERONE –Overnight trips or where no CR staff are present  
*(State of Delaware and FBI Criminal Background required - \$30 charge paid directly to DE State Police by the Volunteer)*

**Volunteer Contract:**

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

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

Signature of Principal\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Principal approval required before volunteering, mentoring, or chaperoning.

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

**Caesar Rodney School District**  
**Volunteer Disclosure Form**

It is the policy of the Caesar Rodney 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 Caesar Rodney School District. **Volunteers include, but may not be limited to, parents who serve as a volunteer, mentors for one or more students, or University Students who are completing Practicum or Observation hours.**

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 working in the Caesar Rodney 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 school district or the volunteer.

I authorized the Caesar Rodney School District to review my personal background. I consent to having Caesar Rodney School District conduct a criminal background check. I understand that any misrepresentation on any of the volunteer enrollment form may result in immediate disqualification from any volunteer service within the district. I understand the Caesar Rodney 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

*Please return this form to your student's school.*



# 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): \_\_\_\_\_ 67 \_\_\_\_\_

Requesting Agency Name: Caesar Rodney School District

Address: 7 Front St, Wyoming, DE 19934

Phone: 302-698-4808 Fax: 302-697-3406 Contact Person: Michael Noel

### 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>:**

<b>Can you answer "yes" to <i>any</i> of the questions below?</b>	
<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? <span style="float: right;"><input type="checkbox"/>Yes      <input type="checkbox"/>No</span>
<b>If you checked yes, you are <u>required</u> to provide documentation related to current disease status prior to your assignment as a volunteer.</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 in collaboration with The Delaware Division of Public Health, with revisions 7/2010 and 7/1/13.

<sup>2</sup>Regulation 805 can be accessed at <http://regulations.delaware.gov/AdminCode/title14/800/805.pdf>

<sup>3</sup>To maintain confidentiality of medical information, the volunteer should not provide an individual answer to each question. The volunteer's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The volunteer should not indicate which one. The volunteer 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 infectious.