

**CAESAR RODNEY SCHOOL DISTRICT
VOLUNTEER COACH APPLICATION CHECKLIST**

Name: _____

Thank you for your interest in volunteering for the Caesar Rodney School District. In order to facilitate your appointment, the following items are required:

- Volunteer Coach Enrollment Form
- Signed Volunteer Conduct Statement
- Volunteer Disclosure Form
- Child Protection Registry *(to be faxed to DSCYF by the CR School District)*
Date faxed _____
- State of Delaware and FBI Criminal Background Check Receipt:
(No one is permitted to be employed or have any contact with District students until verification of CBC is provided to this office)
To obtain your State of Delaware and FBI Criminal Background Check:
BLUE HEN CORPORATE CENTER AND MALL
SUITE 1B
655 BAY ROAD (US 113)
DOVER, DE
HOURS: Monday, 8:30AM – 6:30PM Tuesday through Friday, 8:30AM – 3:30PM
Cost: \$69.00 – cash, money order, Visa, MasterCard and Discover accepted. Personal checks are NOT accepted
- Tuberculosis Health Questionnaire
- Oath to Support the Constitution *(CR will notarize this form)*
- Drug-Free Workplace statement

For the protection of our students, we must have a complete file prior to volunteer service. Once all paperwork is completed, you will be contact by our IT department to schedule an appointment for an Identity Badge.

**CAESAR RODNEY SCHOOL DISTRICT
VOLUNTEER COACH ENROLLMENT FORM**

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (Home) _____ (Work/Cell) _____

Emergency Contact: Name _____ Phone: _____

Email Address: _____

Please indicate the Sport and School you are applying to be a Volunteer for

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: _____

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



CAESAR RODNEY SCHOOL DISTRICT

District Office

Telephone: (302) 697-2173

Fax: (302) 697-3406

website: www.cr.k12.de.us

7 Front Street, Wyoming, Delaware 19934

OFFICE OF HUMAN RESOURCES

Caesar Rodney School District

Volunteer / Chaperone Conduct

The Caesar Rodney Board of Education believes that one of the best methods of serving in a position of a school volunteer or chaperone is that of setting a good example. The Board expects that all school volunteers and chaperones will strive to set the kind of example for students that will serve them well in their own conduct and behavior which will contribute toward an appropriate school atmosphere. To that end, in dress, conduct, and interpersonal relationships, all volunteers and chaperones should recognize that they are being continuously observed by students and that their actions and demeanor will be reflected in the conduct of students. The personal life of a volunteer or chaperone will not be the concern of the District unless it prevents the individual from effectively and positively performing assigned functions during work hours, or if some aspect of it violates some aspect of local, state, or federal laws. No volunteer or chaperone will commit or attempt to induce students or others to commit an act or acts of immoral, unethical, illegal conduct, which may be harmful to others or bring discredit to the District. Immoral, unethical or illegal conduct on the part of any volunteer or chaperone will constitute grounds for disciplinary action, up to and including termination of their status as a volunteer or chaperone.

I have read and understand the expectations outlined in the aforementioned policy and will uphold the duties I have been assigned.

Signature

Date

Print Name

School

****PLEASE SEND THE ORIGINAL SIGNED FORM TO THE OFFICE OF HUMAN RESOURCES. THIS SIGNED DOCUMENT MUST BE RECEIVED BEFORE CANDIDATES WORK WITH STUDENTS**

8/2015

WHERE EDUCATIONAL EXCELLENCE IS A TRADITION

Caesar Rodney School District does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, sex, age or disability in accordance with state and federal laws.

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 CONSENT FORM Web Portal

Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/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 requester with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware 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 - REQUESTER INFORMATION

Check one option below and complete required information*:

1. Agency Request – Agency Name*: **Caesar Rodney School District**

2. Individual Request - Self

* Mandatory

**STATE OF DELAWARE AND FBI
CRIMINAL BACKGROUND CHECK
INFORMATION**

**BLUE HEN CORPORATE CENTER AND MALL
SUITE 1B
655 BAY ROAD (US 113)
DOVER, DE**

HOURS:

**Monday, 8:30AM – 6:30PM
Tuesday through Friday, 8:30AM – 3:30PM**

**Cost is \$65.00 – cash, money order, Visa,
MasterCard and Discover accepted**

Personal checks are NOT accepted

Volunteer Name: _____

Date: _____

Volunteer Signature: _____

**DELAWARE DEPARTMENT OF EDUCATION¹
CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE FOR
VOLUNTEERS IN PUBLIC SCHOOLS**

All school students, employees, and volunteers are required to be screening for Tuberculosis (TB)². 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 ³:

Can you answer "yes" to any of the questions below?	
<ol style="list-style-type: none"> 1. In the past five years, have you lived or been in close⁴ contact with anyone who had active, infectious TB disease? 2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Cough Fever </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Night sweats Weight loss </div> 3. Have you ever had a positive HIV test? 4. In the past five years, have you ever used illegal intravenous drugs? 5. In the past five years, have you been incarcerated? 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? 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"> • In the past five years, have you stayed/lived in one of these countries for 1 month or longer? • 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? 	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked yes, you are <u>required</u> to provide documentation related to current disease status prior to your assignment as a volunteer.

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

¹Developed in collaboration with The Delaware Division of Public Health, with revisions 7/2010 and 7/1/13.
²Regulation 805 can be accessed at <http://regulations.delaware.gov/AdminCode/title14/800/805.pdf>
³To 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.
⁴CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious.



**CAESAR RODNEY
SCHOOL DISTRICT**

District Office

Telephone: (302) 698-4800

Fax: (302) 697-4981

website: www.crk12.org

7 Front Street, Wyoming, Delaware 19934

OFFICE OF HUMAN RESOURCES

I HAVE RECIVED THE POLICY OF THE CAESAR RODNEY
BOARD OF EDUCATION REGARDING THE MAINTENANCE OF A
DRUG-FREE WORKPLACE

Signature

Print or Type Name

Date

WHERE EDUCATIONAL EXCELLENCE IS A TRADITION

The Caesar Rodney School District is an Equal Opportunity Employer and does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, gender, age, veteran or marital status, disability, sexual orientation, gender identification or genetic information in accordance with State and Federal laws. Inquiries about compliance should be made to the Title IX, District 504 and ADA Compliance Officers: Paul L. Dunbar Administrative Building, 7 Front Street, Wyoming DE, 19934. Phone (302) 698-4800



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OFFICE OF HUMAN RESOURCES

Oath to Support Constitution

Every officer and employee of the State or any political subdivision thereof shall take an oath to support and defend the Constitution of the United States and the Constitution of the State before commencing duties as such officer or employee.

48 Del. Laws, c. 264, § 1; 29 Del. C. 1953, § 5102; 70 Del. Laws, c. 186, § 1.

In accordance with Title 29, § 5102, Oath to Support Constitution, I do solemnly agree to support and defend the Constitution of the United States and the Constitution of the State of Delaware.

Please print and sign your name below:

Position Hired for: _____

Signature: _____ Date: _____

Print Name: _____

Human Resources Representative Signature: _____ Date: _____

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Drug-Free Workplace

File: GBEC

The Caesar Rodney School District will provide a drug-free workplace in accordance with the Federal Drug-Free Workplace Act of 1988 and its implementing regulations. The District's goal is to prevent the illicit use of controlled substances and alcohol by the employees of the District.

The unlawful manufacture, distribution, dispensing, use, or possession, or being under the influence of controlled substances and/or alcohol by any employee during the work day, at any school activity or while in the performance of their employment by the District, wherever located including when carrying out any Federal grant activity, is absolutely prohibited. Violation of this policy by any employee will be cause for disciplinary action, as outlined in the accompanying regulations, up to and including termination of employment and referral for prosecution. Observation of this policy is mandatory. In appropriate circumstances, disciplinary action may include completion of a mutually agreeable drug-abuse assistance or rehabilitation program at the employee's expense; however, any applicable insurance benefits will be applied.

For purposes of this policy and related regulations, controlled substances are defined as any substances that have a profound and rapid mood-altering or intoxicating effect on the central nervous system and includes those substances that are illegal as defined by state and Federal laws, legal for adults but statutorily prohibited for those under age 21 (such as alcohol), legal by physician's prescription only but obtained and/or used in non prescribed ways, or any substances presented as or believed by the employee to be any such controlled substance.

All violations of the above policy shall be reported to the Superintendent, who shall report the violation to the appropriate police authority. Personnel action shall be taken in all cases of a chargeable offense under 16 Delaware Code, Chapter 47 or comparable federal law; however, a conviction for the charged offense shall not be necessary to take personnel action against the employee for a violation of the policy. The employee against whom such a personnel action is taken shall be entitled to due process pursuant to 29 Delaware Code, Chapter 101 and the rules and regulations of the State Board of Education.

Nothing in this policy shall preclude the Board from taking concurrent and/or independent personnel action against the employee under 14 Delaware Code, Section 121(5) for immorality, misconduct in office, incompetency, or willful neglect of duty.

All employees shall notify the Superintendent in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the schedule outlined in the accompanying regulation.

Caesar Rodney School District employees who violate the District's Drug-Free Workplace Policy shall be subject, as a minimum, to the following penalties:

<u>Violation</u>	<u>Minimum Penalty</u>
First incident of possession, use, being under the influence of alcohol or dispensing alcohol to adults.	Five days suspension without pay and/or participation in a mutually agreeable alcohol abuse program at the employee's expense.
First offense of distribution of alcohol dispensing alcohol to minors, or manufacture, possession, use, distribution dispensing or being under the influence of a controlled substance.	Termination
Second offense of possession, use, being under the influence of alcohol or dispensing alcohol to adults	Termination