

**BERKSHIRE LOCAL SCHOOL DISTRICT
VOLUNTEER PROFILE SHEET
2018-2019**

We are pleased to process your application to volunteer with Berkshire Local Schools. Completion of the volunteer packet and a copy of your driver's license are required annually in order to be eligible for assisting with school activities. We thank you for offering your time to enhance the education of our students.

Name: _____ **Date:** _____

Street: _____

City: _____ **State:** Ohio **Zip Code:** _____

Phone: () _____ **Work:** () _____

Email: _____

Building(s) that you are interested in volunteering at:

- Berkshire Jr./Sr. High School Burton Elementary Ledgesmont Elementary

Volunteer's Area of Interest:

- After Prom
- Book fair
- Classroom Activities/Holiday Parties
- Classroom Helper
- Classroom Helper
- Chorus/Band Concerts
- Field Day
- Field Trips
- PTO/PTC Events
- Other: _____

Emergency Contact Information (in case of an emergency, who should we contact on your behalf):

Name: _____ **Phone** () _____

Name: _____ **Phone** () _____

- 1) Are you a parent/guardian/family member of student(s) in this school Yes No

Name	Teacher/Grade

Name	Teacher/Grade

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- 2) Have you ever been convicted of a felony related to violence? Yes No
- 3) Have you ever been convicted of a felony related to weapons charges? Yes No
- 4) Have you ever been convicted of a felony related crime against/involving children? Yes No

If you have answered yes to any of the questions above, please provide an explanation of charges below, including disposition. In addition, this volunteer application will need to be reviewed and approved by Berkshire Local School District before volunteering.

Important volunteer policies/guidelines:

- 1) All volunteers **must** sign in/out at the school office upon arrival. An identification badge will be provided each visit and must be worn by the volunteer at all times.
- 2) Volunteers **may not** dispense any medications (prescription or over-the-counter) to students.
- 3) Volunteers **may not** administer any form of corporal (physical) punishment to students.
- 4) Volunteers **must** respect student confidentiality by signing the Volunteer Release Form per School Board Policy 3120.09.
- 5) Berkshire Local School District recognizes that the first priority is the safety and privacy of our students. Therefore, volunteers are not permitted to photograph any child(ren), other than their own, for personal or social media usage.
- 6) Berkshire Local School District will process all school volunteers through the National Sexual Offender/Predator Check and Local Background Check.

I have read and understand the above.

By submitting this application, I agree to abide by the policies and/or procedures of Berkshire Local School District. I understand that Berkshire Schools reserves the right to accept, decline or discontinue the service of any volunteer.

Signature: _____ Date: _____

****Volunteer applications expire annually and must be renewed each year.****



Berkshire Local School District

BOARD OF EDUCATION

14259 Claridon Troy Road, P.O. Box 364, Burton, OH 44021
440-834-3380 440-834-2058 (Fax)

John Stoddard
Superintendent

Beth A. McCaffrey
Treasurer

Board Members
James Boyd
President

Robin L. Stanley
Vice President

John Manfredi
Member

Barbara Raikes
Member

Bryan Wadsworth
Member

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VOLUNTEER RELEASE FORM

_____ has offered his/her services as a volunteer to help the
(Name)

School District in the following areas:

For the 2018/2019 school year, please list specific area(s):

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

District Witness's Signature

Date

GEAUGA COUNTY SHERIFF'S OFFICE

Scott A. Hildenbrand, Sheriff

12450 Merritt Rd ♦ Chardon, Ohio 44024-0224

Administrative Direct Line 440-279-2009

440-285-2222 ♦ 564-7131 ♦ 834-1856

Fax: 440-286-3251 ♦ E-mail: geaugaso@co.geauga.oh.us



Information Request

The Geauga County Sheriff's Office is pleased to make available to the public all information not exempt from disclosure by the General Assembly of the State of Ohio. To assist us in evaluating your request, please fill out this form completely. We will provide you with all non-exempt requested information as soon as possible, usually within seventy-two hours, or three (3) business days.

SSN: _____

Your Full Name (Printed): _____

Date of Birth: _____

Your Residence: _____
(Number & Street) : (City) (State & Zip)

Your Business/Work Address: _____
(Number & Street) (City) (State & Zip)

ARE YOU REPRESENTING ANOTHER PERSON, FIRM OR CORPORATION IN MAKING THIS REQUEST? IF "YES", GIVE NAME AND ADDRESS OF THAT PERSON, FIRM OR CORPORATION:

Phone number where you can be reached during business hours: _____

State and describe as specifically as possible the information you request

Local background check for volunteering at Berkshire Local School District.

Intended disposition after use: _____ File
(Destroy, File, Disclose to Named Person(s))

I understand and agree that my use of the information requested for any purpose other than stated herein, of the falsification of any information on this sheet may be in violation of the law, any I specifically agree not to disseminate this information further without prior written approval from the Geauga County Sheriff's Office.

Signature