SCHOOL VOLUNTEERS

School volunteers play a vital and important role in the education of the Parkview students. It is the intent of the Board of Education to foster, support and encourage volunteer activities throughout its school programs. It is also the intent of the Board of Education to maintain the safety and well-being of the students, staff and volunteers within our buildings.

Definition/Procedure

1. Volunteers provide significant services to students, employees and school programs by supplementing the work of our employees. Volunteer assignments include:
   a. Chaperone trips/events
   b. Classroom helpers
   c. Coach
   d. Extra-Curricular Clubs
   e. Intern
   f. Student Teacher
   g. Tutor

2. All volunteer activities in the school district are to be approved by the building level administrator to ensure compliance with policies and procedures.

3. Prospective volunteers will have to submit a Parkview School District Volunteer Disclosure and Consent form and a signed Code of Ethics for Volunteers form.

4. All volunteers, who volunteer to help in the school, will be subject to a formal criminal background check before being allowed to work in any of the school buildings or with students. If there is a conviction or pending charges the District Administrator or designee shall evaluate the criminal records. The District Administrator may ask for more information from the volunteer, and will consider the nature of the offense, the length of time that has passed, and any other information the district deems relevant in deciding whether the conviction or pending charge provides a basis to decline the offer of the volunteer. Convictions or pending charges related to sexual predation, crimes against children, violent acts, drugs, weapons, theft, or a significant disregard for the safety and wellbeing of others are examples of some of the types of convictions that will result in a denial of the volunteer application.

5. Building level principals or designee will be responsible for meeting with prospective volunteers and providing them with the Parkview School District Volunteer Disclosure and Consent form and a Code of Ethics for Volunteers form. When completed, both forms should be sent to the District’s Confidential Secretary. The Confidential Secretary will conduct all formal criminal background checks and provide the report to the District Administrator or designee. The building level principal or designee will be notified by the District Administrator or designee of the status of the prospective volunteer and he/she will be required to notify the individual of the status of his/her request.

6. In addition to the results of the criminal background check, the District Administrator or designee may deny an application for volunteering based on obtaining other credible information, including information about the following criteria:
a. Inappropriate conduct observed by school officials, including disorderly behavior at school events
b. Hostility or aggression towards school officials in past encounters
c. Failing to conduct oneself as a positive role model within the community and school

7. Volunteers are not employees of the school district, and therefore they do not receive any kind of payment for their services, including in-kind payment. Therefore, volunteers are not eligible for workers’ compensation coverage or unemployment compensation. A volunteer who is injured or who causes an injury to others while performing approved services for the school district is covered under the District’s liability insurance coverage.

8. Volunteers will be required to complete an emergency information form that will be kept on file.

9. Criminal background checks for volunteers will be completed at least once per calendar year and may be completed more frequently at the discretion of the District Administrator or designee.

10. A clear criminal record and a signed code of ethics form does not guarantee that an individual’s offer to volunteer will be accepted. Each building level administrator retains the right to place volunteers in an appropriate assignment, determine tasks to be performed, decline any offer to volunteer, and to dismiss a volunteer for any reason.

APPROVED:  April 19, 2010
January 24, 2011
MAY 18, 2015
PARKVIEW SCHOOL DISTRICT VOLUNTEER DISCLOSURE AND CONSENT FORM

The Parkview School District thanks you for your willingness to volunteer/work with our students and staff. It is the policy of the Parkview School District to require all prospective volunteers/employees/student teachers to complete this disclosure and consent statement. Subsequently, the Parkview School District will complete a formal criminal record check for conviction(s) and pending charges.

Please print clearly:

Name ____________________________

Last      First     Middle

Former Name(s)/Alias(s) ____________________________

Last      First     Middle

Last      First     Middle

Address ____________________________

Street     City     State     Zip

Contact Number ____________________________

Date of Birth _____ / _____ / ______

Gender _______ Race ____________________________

I authorize the Parkview School District to review my personal background. I consent to having the Parkview School District conduct a full and thorough criminal background check. I understand that the Parkview School District will verify the information provided above. I hereby release the School District, its Board of Education and its agents as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

My signature below indicates that I have read and understand the above form, that all of the information I have provided on this form is complete and truthful, and that I consent to a criminal background check and release all involved from any liability in connection with that criminal background check.

________________________________________
Name

________________________________________
Signature

________________________________________
Date

Please return the completed form to the District Confidential Secretary, 106 W. Church St., Orfordville, WI 53576

APPROVED: April 19, 2010
January 24, 2011
May 18, 2015
AUGUST 15, 2016
PARKVIEW CODE OF ETHICS FOR VOLUNTEERS

1. MAINTAIN CONFIDENTIALITY
In your role as a volunteer, you may read and hear information about students and staff that is confidential. The confidential information may be test data, attendance, financial or personal information or social or behavioral information. There are times that a staff person may need to share confidential information with you or a student may tell you something in confidence. You may hear conversations between students and teachers, students to students or between district personnel. All of these situations are confidential and should not be discussed with anyone that does not have a legitimate need to know. If you suspect a child is being abused or neglected, this should be reported to the building principal immediately.

Parents, friends or community members may in good faith ask you questions about the progress or problems of a student knowing that you volunteer. Discussion about individual students, teachers or staff or their actions and/or abilities is considered a breach of conduct and the student’s or staff member’s privacy.

2. BE RELIABLE
Remember that students and staff members depend on and appreciate your presence. If you find that you are unable to meet your obligation, please contact the school office as soon as possible.

3. BE A GOOD ROLE MODEL
All faculty, staff, administrators, board members and school volunteers serve complimentary roles in promoting positive character development. In schools, as in families, children care about our values because they know we care about them.

- Volunteers serve as caregivers – respecting student, helping them succeed, treating each student as having dignity and worth and enabling students to gain a firsthand appreciation of the meaning of ethics by being treated in an ethical way
- Volunteers serve as role models – ethical persons who demonstrate a high level of respect and responsibility both inside and outside the school setting
- Volunteers serve as mentors – providing guidance through explanation, storytelling and encouragement of positive behavior

4. PRACTICE OPEN AND POSITIVE COMMUNICATION
Address any concerns or issues promptly and productively. Volunteers may contact the staff member they are working with or the building principal to express their concerns. Communication is the key to establishing good relationships that benefit everyone.

My signature below indicates that I have read the Code of Ethics for Volunteers, understand them and will comply with them.

______________________________     __________________________
Printed Name                              Date

______________________________
Signature

APPROVED:     April 19, 2010
              MAY 18, 2015
Parkview School District
Volunteer Emergency Information

STUDENT NAME(s) ________________________________________________

Volunteer Name ________________________________________________

Date of Birth ______ / ______ / ______  Home Telephone ________________

Cell Phone (if applicable) _________________________________________

Home Address ___________________________________________________

_________________________________________________________________

Health Care Provider _____________________________________________

Physician Name & Telephone # _____________________________________

Hospital of Choice _______________________________________________

Facts concerning your medical history, including allergies, medications being taken and any
physical impairments to which your co-workers and physicians should be alerted are as follows:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Name of Spouse/Significant other ______________________________________

Employer ____________________________________ Daytime Phone # ____________

Alternate Contact Person ____________________________________________

Employer ____________________________________ Daytime Phone # ____________

Optional Emergency Treatment:
I, the undersigned, do hereby authorize officials of the Parkview School District to contact directly
the persons deemed necessary in an emergency, for the sake of my health. In the event physicians
or others named on this card cannot be contacted, school officials are hereby authorized to take
whatever action is deemed necessary in their judgment, for my health. I will not hold the school
district financially responsible for my emergency care and/or transportation.

I agree/disagree to give permission for my emergency treatment.

Volunteer Signature ____________________________________________ Date ____________