

Volunteer Procedures 2023 - 2024

A Volunteer is defined as a person providing volunteer services within a Child Serving Entity and who has Direct Access to Students will have direct personal contact with a child or children. To become an approved Volunteer in the Brandywine School District, a prospective volunteer must follow the steps below AND be cleared through the Human Resources Department to begin servicing the District:

Volunteer Responsibility - Complete and return all of the following forms to the School Office Secretary:

1. **Volunteer Information Form**
2. **Delaware Child Protection Registry Request Form**: All information with an * must be completed. Forms will not be accepted without a signature (If the Volunteer is under 18 years old - must be signed by a Parent or Guardian.)
3. **Criminal Background Check Receipt**: Please read Page 4 of the packet carefully for instructions. The fee is currently \$18.00. A "Receipt of Verification" will be given to you at your fingerprinting appointment. It must be returned with this form. (If the volunteer is under 18 years old - must be accompanied and signed by a Parent or Guardian.)
4. **Delaware Department of Education Confidential Tuberculosis (TB) Health Questionnaire for Volunteers in Public Schools**: TB Forms will not be accepted without a signature (If the Volunteer is under 18 years old - must be signed by a Parent or Guardian.)

All documents are to be collected by the individual school office. Completed packets are to be sent from the school to the Human Resources Office once ALL of the following have been completed and checked off:

- Completed Volunteer Information Form
- Completed Delaware Child Protection Registry Form
- Criminal Background Check Receipt
- Complete Delaware Department of Education Tuberculosis (TB) Health Questionnaire for Volunteers in a Public School
- Attach eSchool print out of Legal Guardians for the students listed
- Signature of School Principal/Supervisor

The Human Resources Department will notify the School Principal or Supervisor when the Volunteer has been approved. This information will be added to a shared GoogleDoc that lists all approved Volunteers for the building.

Signature of Principal/Supervisor: _____ **Date:** _____

Office Personnel Submitting This Information

Date Submitted

For any additional information you may have about this process, please call the Human Resource Department at 302-793-5009

Volunteer Information Form

Volunteer Position (Please check as applicable)

- Coach/Athletics
 Chaperone
 Other _____

Volunteer Name

Today's Date

Student Name and School (1)

Student Name and School (2)

Student Name and School (3)

Email address

Daytime Phone Number

A Volunteer is defined as a person providing volunteer services within a Child Serving Entity and who has Direct Access to students.

District expectations must be adhered to which promotes the safety and security of our students and staff. As a Volunteer for the Brandywine School District, I agree to:

Model appropriate behavior including appropriate dress, not use profanity, not smoking on school premises (this includes all areas inside and outside of school property), and not consume alcohol or other substances that could impair my ability to perform while involved in school-related activities.

Abide by all district and/or school rules and policies while volunteering at all school-related activities, whether they occur at school, off-school property, or after normal school hours.

Signature of Volunteer: _____ Date: _____



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*:

2. Individual Request - Self

* Mandatory

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 screened 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 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 one response in the box below³.

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 which have lasted at least three weeks? Cough Fever Night Sweats Weight Loss3. 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, have you travelled to any area(s) where TB is common? Per the Delaware Division of Public Health, this includes travel or residency in a country with an elevated TB rate for at least 1 month. This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.<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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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? YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked yes , you are required to provide documentation related to current disease status prior to assignment or continued assignment as a volunteer. If you provided documentation of completing treatment for active or latent infection, no further documentation is required.

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 antibiotics= 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.

¹ Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005,7/2010, 7/2013, 5/2015, 4/2018, 8/22/2019.

² Regulation 805 can be accessed at <http://www.state.de.us/research/AdminCode/title14/800>.

³ To maintain confidentiality of medical information, the volunteer should not provide an individual answer to each question. The e’s response of “yes” indicates that at least one of the seven questions is correct, which means 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.

⁴ CDC describes “close contact” as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious.

CC: School Nurse _____

Criminal History Background Check: Volunteer

The Delaware State Police State Bureau of Identification (SBI) must record your fingerprints for the purpose of obtaining a Criminal History Background check, which is a requirement to volunteer with the Brandywine School District.

- **Fingerprint results are due prior to the start of volunteering.**
- **Failure to complete your fingerprinting requirement within the time required, may result in the denial of your volunteer request.**
- When conducting the fingerprinting, please identify yourself as a Brandywine School District Volunteer to SBI staff to ensure that results are sent directly to the District as required.
- **Fee - \$18.00**
- **Payment options:**
 - Cash, credit or debit cards, and certified checks, money orders (made out to Delaware State Police)
 - **NOT ACCEPTED: Personal checks and American Express**

Locations and hours of operation:

New Castle County:

The office is located at Delaware State Police Troop 2, on Route 40, in Bear, just west of the Fox Run Shopping Center, between routes 72 and 896, across from the Glasgow walking park and next to the YMCA.

Hours of operation are:

- Monday through Friday, 8:30am to 3:15pm
- To schedule an appointment call (302) 739-2528

Kent County

Walk-in – No appointment required.

The office is located at 600 S. Bay Road, Suite 1, Dover, DE 19901.

Hours of operation are:

- Monday through Friday, 8:30 am to 3:00pm
- Closed daily from 11:30am to 12:30pm
- Call (302) 739-5871 for more information

What to bring with you:

- Form of Payment listed above - \$18.00
- Photo Identification: Valid Driver's License or State ID (*You do not need to bring a social security card or birth certificate.*)
- Juveniles (under 18) must be accompanied by a parent or guardian to authorize the criminal history. Juveniles must present to provide either one of the above types of ID's, or a school ID.