Genoa Area Local Schools
Volunteer Application

Name_____(Print) Phone_____

Address_____

Childs Name(s) _____ (If you have school age child)

VOLUNTEERS

The Board of Education recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the professional staff responsible for the conduct of programs and activities.

MARK ONE

_____**Level 1 Volunteer** *(No BCI verification required)* **I verify that I have not been convicted of a felony _____Initial Here**
Under placement with direct supervision by school personnel at all times
(Level 1 Volunteer may 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 then conducted, it will be done as a condition of continued service as a volunteer and will be at the volunteer's expense.)

_____**Level 2 Volunteer (BCI Verification Required)** ***** See Attached Form Request for Background Check***
BCI Verification can be completed at: Elmore Police Station – Walk-ins Welcome – Only Cash or Check
Under placement with No direct supervision by school personnel
(Level 2 volunteer will have to provide a set of fingerprints so that a criminal records check can be conducted and that they will have to pay the costs associated with the criminal records check either before they can begin their duties or as a condition of continued service as a volunteer at the discretion of the Board.)

General Requirements

- Volunteers are required to abide by all Board policies and District guidelines while on duty as a volunteer (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 they are exposed except as authorized by law);
- Volunteers will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation;
- Volunteers will be asked to sign a form releasing the District of any obligation should the volunteer become ill or receive an injury as a result of their volunteer services.
- Volunteers may not accept compensation from any third party or source including, but not limited to, booster, parent, or other District support organizations for the performance of their official duties as a volunteer on behalf of the Board.
- If a criminal records check indicates that a volunteer has been convicted of or pleaded guilty to any of the offenses listed below and/or described in R.C. 109.572 (A)(1), the volunteer will be informed either that the Board is no longer interested in maintaining their volunteer service.

Genoa Area Local Schools welcomes volunteers to assist with student lessons and activities. With volunteering you also agree to accept responsibility for acceptable behavior when interacting with students. Our responsibility is to ensure the safety of all children. There are various expectations for the behavior of volunteers and the following regulations define what is acceptable and unacceptable during your interaction with children:

- I will report any child abuse or neglect which I suspect to the building principal
- I will dress appropriately when working/volunteering with Genoa Area Local School District students.
- I will use discretion when corresponding with students.
- I will not become a student's "buddy". I understand that as an adult it is not appropriate to build a social life with youth.
- I will not used inappropriate or suggestive jokes, stories, profanity or foul language with students.
- I will not drive alone with a student. (If I am involved with transportation for a field trip or some other event I will make sure I am transporting more than one student.)
- I will not consume or be under the influence of any alcohol, illegally controlled substances, or tobacco products in the presence of students or prior to being with any group involving students where I am responsible.
- I will not discipline using physical contact, demeaning or sarcastic language.
- I will not share inappropriate personal information with a student and/or about a student

As a volunteer working with children I promise to strictly follow the rules and regulations in this code of conduct and I understand that if I do not strictly abide by these rules and regulations, I will be removed as a volunteer.

Volunteer Signature _____ **Date** _____

Procedures

1. Form distributed to parent/Guardian
2. Buildings forwards application to Administration Building
3. Administration will hold application until BCI report is received
4. Volunteer approval will be placed on board agenda after BCI report is received
5. Teacher will be notified of approval & added to Volunteer shared Google document

Volunteers for Athletic Activities

Volunteers who direct, supervise, or coach a student activity program that involves athletics, routine or regular physical activity, or activities with health and safety considerations may be required to obtain a pupil activity permit issued by the Ohio Department of Education and Workforce (DEW). As provided in DEW guidance, the District shall determine which staff members need to have a permit. However, in accordance with OHSAAGeneral Regulations, coaches, paid and/or volunteer, in grades seven (7) through twelve (12) who do not possess the Pupil Activity Program/Coaching Permit shall not be permitted to coach at any level at an OHSAA member school. Such qualifications shall include completion of a sudden cardiac arrest training course approved by the Department of Health, in accordance with R.C. 3319.303. The qualifications shall also include completion of a student mental health training course approved by the Department of Mental Health and Addiction Services. The mental health training course may be combined with or part of another training course. Such training must be completed each time the individual applies for or renews a Pupil Activity Program Permit. Individuals who have applied for a Permit but who have not yet been issued a valid credential shall not be permitted to interact with athletes, even under the supervision of a credentialed coach, until the Pupil Activity Permit number is formally issued.

Volunteer

Request for a Background Check via WebCheck

(X) BCI ( ) FBI ( ) BCI & FBI

Personal information (please print):

Name: _____ Type of photo ID _____

Date of birth: _____ SSN: _____ ID# _____

Address: _____ Phone #: _____

City/State/ZIP code: _____ Email address: _____

Complete this portion only if an FBI background check is needed:

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific): _____

Ohio Revised Code number requiring background check: BCI 2151.33 FBI _____

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: _____

_____

Where should the results of this background check be sent?

Direct copy options (CIRCLE ONLY ONE)

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture – Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center – Type A – ODJFS
Ohio Dept. of Commerce – MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
NONE		

If Direct Copy option "NONE" was chosen above, or if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency name: Genoa Schools Attn: Admin Building

Street address: 2810 N Genoa Clay Center Rd

City: Genoa State: OH ZIP code: 43430

Waiver information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

_____ _____

Applicant's name (please print) Witness name (please print)

_____ _____

Applicant's signature Date Witness signature Date

_____

Parent/Guardian name (minor applicants only)

_____

Parent/Guardian signature Date

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.

_____ Requested that it be sent to me at the email address provided on this form.