

Selinsgrove Area School District

Volunteer Handbook

Guidelines and expectations for serving as a volunteer

2016-2107



v2.1

Expectations and Guidelines for Volunteering

The Selinsgrove Area School District would like to thank you for your interest in volunteering. Your time, talents, and energy will benefit the students of our district and enhance the services we are able to provide. We hope that through your service to the district you will experience the same rewarding satisfaction that we do on a daily basis.

As we strive to meet the needs of each student enabling them to be successful, your help is necessary. The information provided in this handbook will hopefully aid you in your role of a volunteer. We look forward to working with you during this year.

You Are Part of an Education Team

Volunteers who are committed to helping students be successful are important members of the school team. These individuals are essential to bringing the outside world to the school. Students need contact with individuals who can share experiences and bring other perspectives into the classroom. They need adults who can guide them through the learning process.

Goals:

- Enrich the curriculum
- Enrich students learning opportunities
- Provide help for individual students
- Provide opportunities for meaningful service
- Relieve teachers of some non-instructional tasks
- Establish a school and community partnership for quality education
- Enhance all aspects of the educational process

Working closely with the classroom teacher and school staff includes:

- Following the direction of a school staff member
- Accepting direction and suggestions from teachers
- Respecting the privacy of teachers and students by not discussing school matters away from the classroom
- Understanding that evaluation of a student's learning can only be done by the teacher
- Committing to working in a classroom to support and improve education for all students
- Seeking help from the teacher when you need additional information or instruction
- Sharing ideas and constructive comments with the teacher
- Acknowledging that teachers are responsible for discipline in the classroom
- Referring to the classroom teacher or regular school staff member for final solution of any student problem which arises, whether of an instructional, medical or operational nature
-

Enjoy working with students by:

- Finding ways to establish a good rapport with students
- Providing help and assistance without doing the work for students
- Showing a genuine interest in each student
- Accepting each student and encouraging the best from him or her
- Using patience and kindness

Sometimes a volunteer placement may not be a fit for the volunteer, the teacher or the school. If your volunteer placement does not work for you, the teacher or the school for whatever reason, your volunteer assignment may be ended, modified or changed to a new assignment. You may request a different placement if you wish to continue volunteering.

Volunteer Expectations

Volunteers are expected to:

- Sign in and wear an ID badge on school grounds at all time
- Wear appropriate attire
- Show respect for all staff and students
- Share concerns regarding students with the school staff only

If you cannot make your scheduled volunteer time, please call the school so the teacher and students will know you will not be there. Please do not bring younger children to the school during your volunteer hours. You will also be asked to turn off your cell phone while you are volunteering in the classroom and are discouraged from making personal calls while on the school campus.

Ground Rules for School District Facilities

- No smoking or tobacco allowed, including on athletic fields and in district vehicles
- No weapons allowed
- No drugs or alcohol allowed
- Do not use school equipment for personal purposes

Maintain Student Confidentiality

Volunteers are expected and required to keep all student information that they obtain while working as a volunteer for the district confidential. In fact, federal law strictly prohibits school districts and district volunteers from releasing any student information without parent/guardian permission.

Student information includes all academic, medical and personal information. Volunteers cannot take photos of students during their volunteer activities and post them publicly without authorization from the school. Student work, like artwork or papers, is also protected by law and

cannot be shared publicly without written permission. Disclosure of student information by a volunteer is a violation of the Family Educational Rights and Privacy Act of 1974 (FERPA) and may subject the volunteer and the district to civil liability. It is very important that you keep information about students confidential. It is important that you do not discuss students or their progress with others – even their parents. Do not make references to students’ abilities in front of other students. The only person who should be told about a student’s work is their teacher. If parents ask about their students’ progress, suggest in a friendly way that they contact the teacher.

Harassment

The Selinsgrove Area School District Harassment Policy calls for a commitment to an educational environment that is free from all types of discrimination and harassment, including sexual harassment, bullying and intimidation. Volunteers are expected and required to respect and uphold the Selinsgrove Area School District Harassment Policy. The district asks you to review this policy in detail prior to volunteering. Policies can be located under “School Board” on the district website.

Important Guidelines

Safe Interaction with Students

The school board expects that all staff and volunteers will strive to set the kind of example for students that will serve them well in their own conduct and behavior and contribute toward a school atmosphere that is friendly but has a degree of formality.

General Guidelines for Safe Interaction with Students:

All interactions with students should be professional and focused on teaching and learning. These guidelines protect both the student and the volunteer.

Do Not:

- Take a student or students on private outings
- Initiate social activities with students
- Have a prolonged verbal exchange with students if you have an impromptu encounter at a public place
- Provide childcare for students
- Ask a student to baby-sit for your family
- Engage in Social Networking with students via Facebook, Instagram, Snapchat, Vine or Twitter or any other social networking website to initiate or maintain relationship(s) with any student that is not consistent with appropriate professional behavior and/or boundaries

Communication

Do not say or write things to a student that you would be uncomfortable sharing with the students' parents, district/school administrators or the teacher you are working with.

Do Not:

- Make any comments that are based on gender or could be construed as sexist
- Make any comments and/or innuendos that are sexual in nature or could be construed as sexual
- Make jokes that belittle or diminish another person
- Give students compliments that focus on physical attributes
- Initiate conversations or correspondence of a private and/or personal nature with students

Working Alone with Students at School

- Always keep the door open and lights on
- Do not post anything on class windows that would obstruct a clear view into the room

Gifts

In general, giving gifts to students is not encouraged. If gifts are provided they should be:

- Of nominal value
- Identical for all students in the class
- Approved by the teacher or administrator in charge of the program

Physical Contact with Students

It is the District's expectation that all physical contact between volunteers and students must be professional and appropriate.

Field Trips and Off-Campus Activities

It is the general policy of Selinsgrove Area School District that all off-campus field trip and activity chaperones must be at least 21 years of age.

Volunteers shall not be encouraged to transport students in personal vehicles. If they do, their auto insurance policy shall be the primary insurance.

Extracurricular and Enrichment Activities

Schools often provide before and after-school programs. All extracurricular and enrichment activities must be organized under the authority of Selinsgrove Area School District or its PTSO partners and comply with all applicable rules and regulations.

Volunteer Coaches

Individuals who wish to become volunteer coaches for any sport in Selinsgrove Area School District must complete the following additional steps:

- 1) Provide proof of valid First Aid and CPR card to the athletic director. Classes are available through the district if the volunteer does not have current certifications.
- 2) Complete the cardiac and concussion courses offered for free through Sport Safety International www.sportsafetyinternational.org/.
- 3) Complete a basic coaching online course that the PIAA will be making mandatory in 2018.
- 4) Review and agree to comply with the coach's handbook.

Report Suspected Abuse or Neglect

All volunteers must complete the Recognizing and Reporting Child Abuse On-Line Training and provide the certificate of completion. The link for the free training is: www.reportabusepa.pitt.edu

Nondiscrimination Notification

The Selinsgrove Area School District does not discriminate on the basis of race, color, national origin, sex, disability, age, gender, marital status, creed, religion, honorably discharged veteran, military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of a trained guide dog or service animal by a person with a disability, in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Business Manager, Jeffrey Hummel, 401 N. 18th Street, Selinsgrove, PA 17870 (570) 372-2210.

How Do I Become a Volunteer?

Volunteers are parents or community members who voluntarily offer a service to the District without compensation. The following steps must be completed prior to starting actual volunteer services:

- 1) Complete the Volunteer Application Form and return it to the building principal.
- 2) After initial approval from the building principal, you will need to obtain your clearances which include the Pennsylvania State Police Criminal Records Check, the Child Abuse History Clearance and completing an affidavit or the Federal Criminal History Background Check.
- 3) You will need to complete the on-line Mandated Reporter Training and submit proof of completion. www.reportabusepa.pitt.edu
- 4) You will need to provide the results of a tuberculosis (TB) test.
- 5) Your name will then be placed on the School Board agenda for approval
- 6) Once approved, you will be contacted by the building principal to begin your volunteer service.

Clearances

As a volunteer, state law requires clearances every five years. Child abuse clearances and state criminal background checks are offered free for volunteers.

Annual Approval

You will need to complete the volunteer application each year to assure we have your correct contact information. You must be board approved every year prior to serving as a volunteer.

2016-2017 Volunteer Application



Contact Information

Name	
Street Address	
City, ST, ZIP	
Primary Phone	
Work Phone	
E-Mail Address	

Availability and Location

During which hours are you available and in which building(s) would you like to volunteer?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Elementary School |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Intermediate School |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Middle School |
| | <input type="checkbox"/> High School |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Evening Activities |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Club/Activity Advisor |
| <input type="checkbox"/> Field Trips/Special Events | <input type="checkbox"/> Other: Please Specify: |
| <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Library | <input type="checkbox"/> Coaching: List Sport: |
| <input type="checkbox"/> Music (Band/Chorus) | |

Previous Volunteer Experience, Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Additional Information

I have been a continuous resident of Pennsylvania since _____ (year).

Have you ever volunteered in the Selinsgrove Area School District before? ___ No ___ Yes
If yes, where and when:

Do you have a child attending Selinsgrove Area School District? ___ No ___ Yes
If yes, what grade(s) are they in:

Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, ZIP	
Primary Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read the volunteer handbook. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Selinsgrove Area School District to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Requests to serve as a volunteer must be approved annually.

Thank you for completing this application form and for your interest in volunteering with us.

For District Use Only - Do Not Write in Area Below

Teacher/Coach/Advisor Signature	
Athletic Director Signature	
Principal Signature	
Superintendent Signature	
School Board Approval	
Act 34 Clearance	
Act 151 Clearance	
Act 114 Clearance/Affidavit	
TB Test	
Mandated Reporter Training	

1. PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE INSTRUCTIONS

<https://www.compass.state.pa.us/CWIS>

Directions:

- a. After Clicking on the link above, Click "Create New Account" (Unless you already created an account for recent clearances)
- b. Read the Welcome and then Click "Next"
- c. Create your own "Keystone ID" and answer the questions on the page including the security question (use an email account you can access because they will send you a temporary password that you will need to complete the process)
- d. Check your email for the temporary password they will send to you.
- e. Go back to the main page using the link above (compass.state) and this time click "Log in"
- f. Then Click on "Access My Clearances"
- g. Read the information and then click on "Continue"
- h. Type in your username and the temporary password that was emailed to you.
- i. Then it will ask you to create a new password and click "Continue"
- j. Select "Volunteer" as the reason from the drop down list of choices and then fill in the remaining information requested on the screen. It is a secure site so you can enter your social security number.
- k. You can select to have a paper copy mailed to you but you will get an electronic version that you can print off so it is your choice.
- l. You will need to list every permanent address you have lived at since 1975. If you don't remember all the specifics such as zip, or street address just fill in as much as you can. If parents/grandparents are deceased you do not need put an age in for them.
- m. You will need to list everyone you have ever lived with this includes your parent(s), spouse, ex-spouses, etc. You will need to select how they are/were related to you.
- n. You then need to click to verify that what you are submitting is correct
- o. After submitting, usually within a few minutes, your results should appear right under the account number in a green box that will say "To view the result, click here"
- p. The pdf of the certificate should show up, print out a copy then at the top of the page click "Log Out"

2. PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS

<https://epatch.state.pa.us/Home.jsp>

Directions:

- a. Click on the link above,
- b. Click in the yellow box "New Record Check" -Volunteers Only
- c. Read the information and click box to check you have read it and then click "accept"
- d. Fill in the information requested. For Organization Name, type "Selinsgrove Area School District" for Organization telephone number, use 570-374-1144.
- e. Verify your information and click "Next"
- f. After submitting, usually within a few minutes, your results should appear, click on view results and print out a copy.

3. FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL BACKGROUND CHECK INSTRUCTIONS

If you have been a resident of Pennsylvania for the last ten years, you may sign the affidavit at the end of this handbook and you will not need to obtain the FBI clearance.

https://www.pa.cogentid.com/index_pdeNew.htm

Directions:

- a. Click on the link above
- b. In the right hand column, click on "Register Online"
- c. Read and check the box then click "continue"
- d. Fill in the requested information. For Reason select "school districts" , fill in remaining information then click "next"
- e. Verify your information and click "Next"
- f. Fill in your credit card information to pay the \$27.00 Fee and click "pay"
- g. Click on Print to print the confirmation page. You will need to take this page with you when you have your fingerprinting done.
- h. You have 90 days to have your fingerprinting done. Please call the fingerprinting center to verify their hours (ask for the fingerprinting hours, they don't do fingerprints the entire time they are open)
- i. Once fingerprinted, you will receive your clearance in the mail.

VOLUNTEER AFFIDAVIT

(Submitted in Lieu of Fingerprint-based FBI Clearance pursuant to 23 Pa.C.S.A. §6344.2(b.1))

Name: _____ DATE: _____

Address: _____

Telephone: _____

Volunteer Position(s) Applied For:

I, _____ (Name) hereby attest that all information provided below is correct and current. I understand that if this contains any false statements I can and will be punishable by law.

1. I hereby attest and understand that the volunteer position for which I am applying is an unpaid position.
2. I hereby attest that I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period, i.e. from _____ [date ten years prior to current date], to the current date of this application.
3. I hereby swear and affirm that I have not been convicted of any of the following offenses under Title 18 (relating to crimes and offenses), or any offense similar in nature to the crimes listed below, under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.
 - Chapter 25 (relating to criminal homicide).
 - Section 2702 (relating to aggravated assault).
 - Section 2709.1 (relating to stalking).
 - Section 2901 (relating to kidnapping).
 - Section 2902 (relating to unlawful restraint).
 - Section 3121 (relating to rape).
 - Section 3122.1 (relating to statutory sexual assault).
 - Section 3123 (relating to involuntary deviate sexual intercourse).

- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under section 5902(b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- The attempt, solicitation or conspiracy to commit any of the offenses set forth in this list.
- A felony offense under the act of April 14, 1972 (P.L. 233, No. 64) known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

I hereby verify and affirm that I understand that a conviction for any of the offenses outlined above or any similar offense under federal or other state law or former law disqualifies me from approval for service as an unpaid volunteer. I further understand and agree that I have an obligation to submit written notice to the Superintendent or other designated administrator disclosing any future arrest or conviction for any such offenses, and/or any notification that I have been listed as a perpetrator in a founded or indicated report, within 72 hours, of the occurrence of such arrest, conviction, or notification of listing as a perpetrator.

I hereby verify that all statements in the within Affidavit are true and correct to the best of my knowledge, information and belief. I understand that my statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false averments, can and will subject me to criminal penalties.

Signed by: _____ Date: _____

Attest/Witness: _____ Date: _____

Selinsgrove Area School District

401 N 18th Street

Selinsgrove, PA 17870

Report of Tuberculosis Screening

Name: _____ Date of Birth: _____

PREVIOUS HISTORY OF POSITIVE TB SKIN TEST?

____ NO *Perform PPD / Mantoux Skin Test.

____ YES * Document past skin test result below. Perform chest x-ray.

PPD / MANTOUX TEST RESULTS: (*test must be read within 48-72 hours to be valid)

DATE APPLIED: _____

DATE READ: _____

INDURATION: _____ mm

RESULT: ____ NEGATIVE ____ POSITIVE

CHEST X-RAY PERFORMED?

____ NO ____ YES: DATE: _____

RESULT: _____

FURTHER ACTION?

____ NONE / NO COMMUNICABLE TB PRESENT

____ TREATMENT: _____

____ The above named individual is free of active infectious tuberculosis disease.

Signature of Physician: _____ **Date:** _____

Address: _____

Volunteer Time Sheet



Volunteer Name: _____

Mailing Address: _____

Contact Phone Number: _____

Date	Activity	Total Time	Administrative Signature

As a volunteer, state law requires clearances every five years. You will initially need to pay for the FBI clearance if you have not been a resident of PA for the last 10 years. You can request reimbursement from the district after volunteering at least 5 times or a total of 15 hours. To obtain reimbursement, you should submit proof of payment for the clearance along with documentation from the building principal verifying you have met the time requirements to the district office.

For District Use Only - Do Not Write in Area Below

Total Hours/Days:

Proof of Payment: