



**Timberlane Regional School District
VOLUNTEER ASSURANCES AND DESIGNATION FORM**

Dear Volunteer Applicant,

Welcome to our School Volunteer Program! The District recognizes the valuable contribution made by volunteer assistance of parents and other citizens. A school volunteer is anyone providing volunteer service to support our schools, including service at school, field trips, chaperone events or to assist with classroom materials. You must be 18 years or older and have the ability and skill to perform the assigned tasks.

Confidentiality: The District's school volunteer program asks all volunteers to respect students' privacy. While volunteering, please keep observations about student behavior and academic performance confidential, and only disclose pertinent, sensitive student information to a teacher, guidance counselor, assistant principal, or principal.

Student Safety: Assume full responsibility for their safety and the safety of others. Because student safety is our greatest priority, screening volunteers is required to prevent the rare but real possibility of a volunteer entering our schools for less than honorable purposes. We ask that you read New Hampshire RSA 632-A: 10, Prohibition from Child Care Service of Persons Convicted of Certain Offenses, which has been reprinted below. After reading the RSA, please sign the Volunteer Assurances Form, also below, and return the form to your school office. As a volunteer you are expected to perform service in compliance with standards, specifications, direction and policies of the district and school. Volunteers who come in direct contact with our students on a daily basis, meet with students on a one-on-one basis or any other volunteer so designated by the School Board, or the Superintendent will be screened through the district's regular background check process under NH RSA 189:13-a.

As a rule, volunteers with continued service will be exempted from an annual requirement. However, a break in service of one year will require a new background check. The district also reserves the right to perform a background check on any volunteer at any time. Volunteers will be selected by the Principal or Director of the program. There is no fingerprinting cost for the volunteer. Volunteers will be terminated at the end of the program, when duties are no longer needed, or if their conduct does not meet the standards of the district.

NEW HAMPSHIRE EDUCATION LAWS ANNOTATED

RSA 632-A:10 Prohibition from Child Care Service of Persons Convicted of Certain Offenses

- I. A person is guilty of a class A felony if, having been convicted in this or any other jurisdiction of any felonious offense involving child pornography, or of a felonious physical assault on a minor, or of any sexual assault, he knowingly undertakes employment or volunteer service involving the care, instruction or guidance of minor children, including, but not limited to, service as a teacher, a coach, or worker of any type in child athletics, a day care worker, a boy or girl scout master or leader or worker, a summer camp counselor or worker of any type, a guidance counselor, or a school administrator of any type.
- II. A person is guilty of a class B felony if, having been convicted in this or any other jurisdiction of any of the offenses specified in Paragraph I of this section, he knowingly fails to provide information of such conviction when applying or volunteering for service or employment of any type involving the care, instruction, or guidance of minor children, including, but not limited to, the types of services set forth in Paragraph I.
- III. A person is guilty of a class B felony if, having been convicted in this or any other jurisdiction of any of the offenses specified in Paragraph I of this section, he knowingly fails to provide information of such conviction when making application for initial teacher certification in this State.

Written signature of School Principal or Director ➔

SCHOOL			
VOLUNTEER NAME	VOLUNTEER IS OVER 18 YEARS OF AGE <input type="checkbox"/>		
ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE	()	MOBILE TELEPHONE	()
EMAIL			

Please print clearly; unreadable email addresses cannot be verified, therefore the application will not be processed

- 1. I certify that I have read and understand RSA 632-A:10, reprinted above.
- 2. I certify that I have never been convicted of any crime or offense involving child pornography, assault on a minor, or any sexual assault as described in RSA 632-A:10.
- 3. I understand that my name will be forwarded to the District Human Resources Department for a screening.
- 4. I agree and will comply with the district's confidentiality requirements.

Signature of Volunteer

Date

Office Use Only		General Volunteer Assignment is:
Type of Volunteer		Designated Volunteer

Timberlane Regional School District

Volunteer Application Form

Please fill out both sides of the form and return it to the School Principal or Director's office to receive consideration for a volunteer position. You may mail this form to the school mailing address, attach it to an email to _____ or drop it by the school's office.

After we receive your application, the school will review your application and contact your references. Once your application has been approved by the Director or Principal, it will be moved forward to the SAU office by the principal. Human Resources will then contact you to make an appointment to have your fingerprints taken for the background check. All information on this form will be kept confidential and will help us find the perfect volunteer project for you. Please be advised that, since we work with a vulnerable population, we require a criminal background check for all designated volunteer positions.

First Name: _____

Last Name: _____

Check here if you are currently employed by the Timberlane Regional School District

Do you have skills, special interests, or experience that you would like us to consider when placing you into an appropriate position?

What days are you usually available? Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

How many hours are you available per week? _____

Do you prefer Morning? ____ Afternoon? ____ Either? ____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Please provide the names and contact information of two-character references who are not family members or friends.

Name:

Name:

Telephone:

Telephone

Relationship:

Relationship:

Volunteer Signature:

Date:

Once you have been approved by the principal and you are fingerprinted at the SAU Office, Human Resources will notify the school that you are ready to begin volunteering. The school will contact you directly and provide an orientation including Bullying Laws and Reporting, Policy IJOC and procedures, confidentiality, dress code, conduct and use of adult restrooms only. The SAU Office will notify you if you do not pass the criminal record check.