



Westerville City Schools Office of Human Resources Volunteer Statement

Please print using your **legal name as it appears on your driver's license and/or State ID**

_____ Last Name First Name Middle Name

_____ Date of Birth XXX - XX - Social Security Number Gender: Male Female

_____ Address City

_____ State ZIP _____ Telephone

BUILDING ADMINISTRATOR SIGNATURE REQUIRED FOR PROCESSING

Building Name: _____ Administrator signature: _____

I, _____ wish to volunteer for the Westerville City School District as (check all that apply):

- Supervised Building Volunteer (Level 1) – Directly supervised by district staff District/building ID badge required.
- Unsupervised Building Volunteer or Chaperone (Level 2) – Has unsupervised access to child(ren), e.g. library helper or overnight trip chaperone. District/building ID badge required. Requires BCI & FBI background check (at your expense). Call 797-5700 to schedule a background check.
- Coach Volunteer (Level 2) – Volunteer coach with after school sports. Requires BCI & FBI background check (at your expense, call 797-5700 to schedule), as well as other coaching prerequisites. **Copy of valid cardiopulmonary resuscitation (CPR) training required prior to approval of Pupil Activity Permit (PAP). Consult Building Athletic Director.**

I understand that I may need to submit to a prescreening background check and/or an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies.

Further, I understand that if I have been convicted of/pled guilty to or, if any situation arises in the future that would be disqualifying as listed in Policy 3120.09 and/or 4120.09, I will immediately notify the Westerville City School District and cease my volunteer activities immediately.

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District (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 s/he is exposed except as authorized by law – see below). I understand that, although I am covered under the District's general liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

All volunteers need to display appropriate behavior at all times. In accordance with R.C. 109.575, all volunteers who work or apply to work unsupervised with children on a regular basis may/will 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 conducted, it will be done as a condition of initial or continued service as a volunteer. If a criminal records check indicates that a volunteer has been convicted of or pleaded guilty to any of the offenses described in R.C.109.572(A)(1), the volunteer will be informed of the Board's actions in accordance with Policy 3120.09 and/or 4120.09.

I acknowledge that I have reviewed the following:

1. Policy 3120.09 and/or 4120.09 - Appointment of School Volunteers (available on wcsoh.org)
2. Disclosure Regarding Consumer Report & Instruction and Authorization to Release Information
3. I understand that this process may take anywhere from (1) one to (60) sixty business days to complete.

I am a Westerville City Schools employee, or I am employed by the ESCCO and currently working within the Westerville City School district.

I elect to have my background check performed at an outside agency.

Volunteer Signature

Date

**DISCLOSURE REGARDING
CONSUMER REPORT**

I hereby certify that I have given WESTERVILLE CITY SCHOOLS permission to obtain all criminal history information pertaining to me in the file of the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Investigation (FBI).

By placing my fingerprint images on the WEBCHECK scanner, I am authorizing BCI&I and FBI to release criminal history information about me to WESTERVILLE CITY SCHOOLS for a period of one year from the date of this transaction.

I hereby release BCI&I and FBI and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information.

Volunteer Signature

Date

Office Use Only:

Information Verified by: _____ Date: _____

Results of BCI&I:	Good <input type="checkbox"/>	Rejected <input type="checkbox"/>	Mailed <input type="checkbox"/>
Results of FBI:	Good <input type="checkbox"/>	Rejected <input type="checkbox"/>	Mailed <input type="checkbox"/>

Transaction date: _____ Expiration Date: _____