

School Visitors and Volunteers Revised July 2014

Board Policy: 03.6

Visitors

Parents and others in the community are urged to visit the schools in order to participate in activities and gain a greater understanding of the operation of the schools and the school system. Visitors to school shall adhere to procedures established by the superintendent.

Volunteers

The Jefferson County Board of Education (JCBE) shall encourage assistance from parents and other community resource persons as volunteers to enrich and reinforce the instructional program. *Volunteers* are defined as adults who assist teachers, administrators, or other staff in public school classrooms, schools, or school district programs and who do not receive compensation for their work.

The district shall conduct, at district expense, a state criminal records check on all volunteers who have contact with students on a regularly scheduled and/or continuing basis or who have supervisory responsibility for children at a school site or on school-sponsored trips.

Persons convicted of or pleading guilty to drug offenses within the past seven years; sexual offenses; offenses against minors; deadly weapon offenses; violent, abusive, threatening, or harassment offenses; or any felony offense shall not be used as volunteers.

The superintendent/designee shall develop orientation materials to be provided to volunteers as well as procedures for the encouragement and use of volunteers in the district. The orientation materials shall include appropriate school policies and safety and emergency procedures.

Use of Tobacco Products Prohibited

The use of tobacco products is prohibited in or on any property owned or operated by the JCBE.

School Volunteer Records Check

Except as required by law, information provided will be held confidential.

Records checks are not required for volunteers who provide assistance with single or sporadically scheduled school events and who are not responsible for supervising students at those events.

Please print or type the information clearly.

Social Security Number: _____

Volunteer's Name: _____
First Middle Initial Last

Sex: _____ Race: _____

Maiden and/or Alias Name: _____

Date of Birth: _____

Street Address/P. O. Box: _____

City, State, ZIP: _____

Telephone Number: _____
Home Work Mobile

E-Mail Address: _____

Child's Name (if parent/guardian): _____

School Where Volunteering: _____

Program (if applicable): _____

I agree to immediately notify the school principal if I am convicted of or plead guilty to any drug offense; sexual offense; offense against minors; deadly weapon offense; violent, abusive, threatening, or harassment offense; or any felony offense.

Signature: _____

Date _____

THANK YOU!

