

# **Volunteer Handbook**

**2021-2022**



**Greene County Public Schools**





Dear Greene County Volunteers,

Our students are at the center of all that we do. As such, I would like to thank you for your willingness to give your time to help our teachers and schools to support our students. We recognize that there are many other things that you could do with your time; the fact that you are choosing to spend your time to contribute to our school system and our children is greatly appreciated.

Keeping our students safe is at the foundation of our mission. We are charged with caring for our most precious resource, our children, on a daily basis. While we must ensure that our students are learning and growing, we take the responsibility of keeping our children safe very seriously.

This handbook is a very valuable resource and should be reviewed carefully. Issues related to safety, confidentiality, and appropriate conduct are addressed and outlined within these pages. Please take the time to read and consider this handbook and ask questions about its contents.

Again, thank you for your contribution to our school system. Whether you volunteer once a year or multiple times a week, we are thrilled that you are choosing to be a part of our team.

Sincerely,

Andrea E. Whitmarsh  
Superintendent

# **2021-2022 Building Contacts**

## ***Greene County Technical Education Center***

Contact: Carla Williams  
Telephone: 434-939-9005

## ***Nathanael Greene Elementary School***

Contact: Tina Shifflett  
Telephone: 434-939-9001

## ***Nathanael Greene Primary School***

Contact: Shanna Deane  
Telephone: 434-939-9002

## ***Ruckersville Elementary School***

Contact: Megan Ice  
Telephone: 434-939-9006

## ***William Monroe High School***

Contact: Erin Rocha  
Telephone: 434-939-9004

## ***William Monroe Middle School***

Contact: Debbie Sacre  
Telephone: 434-939-9003

**VOLUNTEERS WORKING WITH CHILDREN ON A REGULAR BASIS**



### ***REQUIREMENTS***

Each volunteer will be screened through the State Department of Social Services. The process involves a form that is completed by the volunteer and then submitted by the school for approval. The cost is paid by the school system. This form will be re-submitted for approval every three years. We hope that each volunteer realizes the necessity of this safety measure. Volunteers **MUST** check-in with the office and wear proper identification each and every time they volunteer. This, too, is an important safety measure. A volunteer registration form and confidentiality agreement must be completed each school year in which you plan to volunteer. A training session for new volunteers will be offered in September of each school year to offer more information and an opportunity for questions.

### ***COMMITMENT***

Every volunteer is important. We are committed to making your experience a rewarding one. In doing so, plans are made or students assigned that make your presence necessary. Please call as early as possible if you cannot come or if you will be late to allow teachers to make other arrangements.

### ***COMMUNICATION***

As a volunteer, it is crucial that the lines of communication be open and clear. If you have questions about a task, a policy, or procedure, please ask your supervising teacher. We want you to be comfortable with the assigned tasks; let the teacher know if you are unsure of expectations. Do not be shy about your talents and interests; we are constantly developing volunteer opportunities.

Remember that you are in a supportive role of the teacher and other members of the faculty. They are responsible for any decisions made in regard to students. If you are dissatisfied or upset about an incident, policy, staff member or child, please speak directly to Administration.

### ***CONFIDENTIALITY***

As a volunteer, confidentiality is important. This may include a child's grades, performance, behavior, skills or other information shared with the school. Volunteers must understand that all of this information is confidential and cannot be shared with anyone outside of the school.

## VOLUNTEER JOB DESCRIPTIONS



### ***VOLUNTEERS ON A REGULAR BASIS***

Instructional volunteers and volunteer coaches provide direct services to students on a regular basis. Typically, volunteers are assigned hours or days of the week that they work with a teacher in the classroom.

Other volunteers are asked to assist or lead children in a coaching/leadership role. Volunteer coaches or assistants are often necessary for athletic or extracurricular activities.

Volunteers may be asked to work with students individually or in small groups. He/she may assist with projects, help with an assignment, or read with children.

Some volunteers work with non-English speaking or other English Language Learners.

There are occasional situations where a volunteer becomes a mentor. This is usually arranged through a specific program that requires additional training. This relationship involves close one-to-one contact providing academic support, encouragement, and friendship.

Volunteers may also support the teacher with clerical assistance.

### ***VOLUNTEERS ON A LIMITED BASIS***

Volunteers with special talents, travels, or interests may be asked to serve as a guest speaker, to lead a demonstration, or to conduct an assembly. These enrichment activities are very popular.

Volunteers are often asked to chaperone field trips or events at school.

Volunteers help support extracurricular activities at school.

Volunteers are often invited to help with school-wide projects, e.g., beautifying the grounds.

Some parents are unable to leave their homes to volunteer and complete projects in their homes.

# VOLUNTEER REGISTRATION FORM

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (h)

\_\_\_\_\_  
\_\_\_\_\_ (c)

Email: \_\_\_\_\_ (w)

Student Name(s): \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

Teacher's Name(s): \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## Reference Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Have you been convicted of a crime against children? Yes \_\_\_ No \_\_\_

Why do you wish to volunteer? \_\_\_\_\_

How do you feel that you can be most helpful? (e.g., working individually with students, performing clerical duties, chaperoning field trips) \_\_\_\_\_

Do you have any special talents, travels, or interests that you would be willing to share?

\_\_\_\_\_  
\_\_\_\_\_

# VOLUNTEER AGREEMENT

GREENE COUNTY PUBLIC SCHOOLS would like to welcome you as a volunteer in our system. We believe that the talents and resources of our parents, business people, civic organization members, retirees, and friends improve our educational program. Volunteers enhance school goals, as well as bridge school/community relations that provide increased learning for our students. We thank you for your time and appreciate your willingness to help our children.

Following is a code of ethics and guidelines for you to follow for the safety, protection, and right of our students as well as for you.

- I understand that I am offering my time and services as a volunteer without compensation. I am assuming full and complete responsibility for my actions while serving Greene County Schools.
- I will inform the teacher or administrator in the school of any concern about the safety or well-being of students.
- As a school volunteer, I may become aware of information about a student and his/her family which is CONFIDENTIAL. This may include a child's grades, performance, behavior, skill levels, or other information shared within the school. This would also include home address, phone numbers, or email information. I will consider any or all of this information confidential and I agree that the information should not be shared with ANYONE outside of the school.
- I will not use or disseminate student or personal photographs or information.
- I will not contact students outside of school hours without permission from the students' parents or guardians.
- I will not be alone with individual students who are not under the supervision of teachers or school authorities without permission from authorized school staff.
- I will not transport students without the expressed permission of the school and the permission of their parents or guardians.
- If I have any questions regarding policy or procedure, I will discuss the issue with a school administrator.
- I understand the procedures and ethical responsibilities of a volunteer and I agree to abide by them.



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Volunteer Signature

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Date

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Print Name



**Purpose of Search, Check one:**  Adam Walsh Law  Adoptive Parent  Babysitter/Family Day Care  
 CASA  Children’s Residential Facility  Custody Evaluation  Day Care Center  Foster Parent  
 Institutional Employee  Other Employment  School Personnel  Volunteer  Other

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

<b>Name</b> Greene County Public Schools	<b>Payment/FIPS Code</b> (Use only if assigned by OBI-CRU)  <b>B00703</b>  Mandatory if agency code has been assigned
<b>Address</b> P.O. Box 1140	
<b>City</b> Stanardsville <b>State</b> VA <b>Zip</b> 22973	
<b>Contact Name</b> Lori Shifflett <b>Tel.#</b> 434-939-9000 <b>Ext</b>	
<b>Contact E-Mail</b> lshifflett@greenecountyschools.com	

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

Last Name	First Name	Full Middle Name – (given at birth) - <b>No initials</b> (if middle name is an initial, indicate "Initial Only")		
Maiden Name (last name before marriage)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race	
Driver’s License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)		
Current Address (Include Street # and Apt #)	City	State	Zip	

**Applicant’s Prior Addresses**

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

**Marital Status**  Single  Married  Divorced  Widowed  Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of person whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_  
Commonwealth/State of \_\_\_\_\_  
Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature** ..... **Notary Number**  
My Commission Expires: \_\_\_\_\_

Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only