



1111 Superior Ave.
Cleveland, Ohio 44114
Phone: 216-838-0337

www.clevelandmetroschools.org

VOLUNTEER GUIDELINES

The Cleveland Board of Education recognizes community members and parent volunteers significant contributions to the enhancement of education and social development of its student body. The Board of Education will support programs and activities through the use of volunteers. Volunteers' particular knowledge or skill will help reduce the academic achievement gap and promote academic excellence for all students in the Cleveland Metropolitan School District.

FACE (Family and Community Engagement) Department or school administrators and staff will recruit community and parent volunteers. Volunteers will support school programs or activities according to the specific needs of each school. All volunteers are required to fill out the attached forms at the start of every school year and follow the district volunteer guidelines; and are assigned different volunteer designation based on the following:

- **Level 1** - Parents or SPO members who volunteer at the school with staff supervision. These volunteers will be identified by ID badge with **YELLOW ban** issued by Safety and Security. BCI/FBI finger print/background checks are not required.
- **Level 2** - Community members or relatives who volunteer at the school with staff supervision. These volunteers will be identified by ID badge with **YELLOW ban** by Safety and Security. BCI/FBI finger print/background checks are not required.
- **Level 3** – Parents, relatives or community members who have direct control, care and custody of students without staff supervision require a BCI/FBI finger print/background check. These volunteers will be identified by ID badge with **GREEN ban** issued by Safety and Security.
 - These individuals will incur the expense associated with local and federal criminal background checks. The cost is \$46; payment will be in the form of **money order**.
 - Background checks will be conducted by CMSD Safety and Security and be reviewed and approved according to school policy and State Law. **To schedule a background check, please call the Volunteer Manager at 216-838-0337** or schedule on-line <http://clevelandmetroschools.org/Page/537>
 - All volunteer criminal background information is confidential and will not be disseminated. **All District volunteers will be subject to a check for criminal records. For those volunteers who are found to have records of convictions of any of the offenses listed below will not be permitted to volunteer in the school in accordance with the law.**

Once Volunteer Registration form and Release form is received by the Volunteer Office, volunteers can have their ID badges issued at the Main Headquarters of Safety and Security Department located at 1349 East 79th Street, Room 110; Cleveland, Ohio 44103 during specified hours; please call the Volunteer Manager at 216.838.0337 for more information.

The Cleveland Board of Education is committed to promoting community and parental involvement with Cleveland school children to enhance student education in a variety of extra-curricular activities. The above guideline is necessary for the approval of community volunteers in an instructional or supportive role.

Revised on 9/9/2013

No person is to be accepted or maintained as a volunteer if s/he has been convicted of any of the following offenses:

- A. aggravated murder, murder, voluntary manslaughter, involuntary manslaughter
- B. felonious assault, aggravated assault, assault
- C. failing to provide for a functionally impaired person
- D. aggravated menacing
- E. patient abuse or neglect
- F. kidnapping, abduction, child stealing, criminal child enticement
- G. rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually
Oriented matter involving a minor, illegal use of minor in nudity-oriented material or performance
- H. aggravated robbery, robbery
- I. aggravated burglary, burglary
- J. abortion without informed consent
- K. endangering children
- L. contributing to the delinquency of children
- M. domestic violence
- N. carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into a habitation or school
- O. corrupting another with drugs
- P. trafficking in drugs
- Q. illegal manufacture of drugs or cultivation of marijuana
- R. funding of drug or marijuana trafficking
- S. illegal administration or distribution of anabolic steroids
- T. drug possession offenses (that are not a minor drug possession offense)
- U. placing harmful objects in or adulterating food or confection
- V. a felony
- W. an offense of violence
- X. a theft offense (as defined in R.C. 2913.01)
- Y. a drug offense (as defined in R.C. 2925.01 that is not a minor misdemeanor).



VOLUNTEER REGISTRATION INFORMATION

Please print clearly. All areas must be completed if applicable. Thank you!

Name:	Affiliated Community Group:	
Home Address:		
City:	State:	Zip code:
Home Phone:	Cell phone:	
Email:	Date of Birth:	
I wish to volunteer at a: <input type="checkbox"/> School <input type="checkbox"/> Department <input type="checkbox"/> Program <input type="checkbox"/> Special Event		
Name of School, Department and/or Program:		
Does your child attend a CMSD School? <input type="checkbox"/> Yes <input type="checkbox"/> No / Name of School:		
Have you volunteered at CMSD before? <input type="checkbox"/> Yes <input type="checkbox"/> No / Please indicate the most recent school year: 20__ - 20__		
Have you been convicted of any of the felonies listed on the Volunteer Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of emergency please contact:		
Name:	Phone #:	
<input type="checkbox"/> Home <input type="checkbox"/> Cell		
Illness or health condition of note:		
Medications taken:		
Allergies to:		

I give permission to have emergency care administered.

Signature: _____

Date: _____

No person is to be accepted or maintained as a volunteer if s/he has been convicted of any of the following offenses:

- A. aggravated murder, murder, voluntary manslaughter, involuntary manslaughter
- B. felonious assault, aggravated assault, assault
- C. failing to provide for a functionally impaired person
- D. aggravated menacing
- E. patient abuse or neglect
- F. kidnapping, abduction, child stealing, criminal child enticement
- G. rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually
- Oriented matter involving a minor, illegal use of minor in nudity-oriented material or performance
- H. aggravated robbery, robbery
- I. aggravated burglary, burglary
- J. abortion without informed consent
- K. endangering children
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- N. carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into a habitation or school
- O. corrupting another with drugs
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- Q. illegal manufacture of drugs or cultivation of marijuana
- R. funding of drug or marijuana trafficking
- S. illegal administration or distribution of anabolic steroids
- T. drug possession offenses (that are not a minor drug possession offense)
- U. placing harmful objects in or adulterating food or confection
- V. a felony
- W. an offense of violence
- X. a theft offense (as defined in R.C. 2913.01)
- Y. a drug offense (as defined in R.C. 2925.01 that is not a minor misdemeanor).

After completion, please return to your school's main office or if you are a volunteer of the community please return to the Volunteer Manager at:

Cleveland Metropolitan School District
Family and Community Engagement Office
1111 Superior Ave., Suite 250/Cleveland, OH 44114
Phone: (216)838-0337/Fax: (216)436-5010/ judith.lozada@clevelandmetroschools.org



VOLUNTEER RELEASE FORM

I, (your name) _____ as a member of (indicate group name if applicable) _____ have offered my services as a volunteer at (name of school) _____. 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).

I understand that, although I am covered under the District's 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. All volunteers who work or apply to work unsupervised with children will be required to provide a set of fingerprints so that a criminal records check can be conducted.

DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The District is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. As an approved volunteer in the District, you may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access to except as authorized by Board policy and law. Violations of this duty may result in a reassignment and/or restriction of your volunteer responsibilities by the building principal or designee.

Volunteers must comply with the following:

- All student records are considered confidential.
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.

- Volunteers may not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, school or extra-curricular activities.
- Volunteers may not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.
- Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and/or the building principal.

By signing below you acknowledge that you have read and understood, and agree to comply with the terms and conditions set forth above.

Volunteer's Signature

District Witness' Signature

Date

AFTER COMPLETION PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE OR IF YOUR ARE A COMMUNITY VOLUNTEER RETURN TO THE VOLUNTEER MANAGER AT:

**Cleveland Metropolitan School District
Family and Community Engagement Office
1111 Superior Ave., Suite 250
Cleveland, OH 44114**

Phone: (216)838-0337/Fax : (216)436-5010/ judith.lozada@clevelandmetroschools.org

For CMSD Use Only

Building Assigned: _____

Volunteer Service Assigned: _____

Volunteer Supervised by: _____

Background check needed: ___ Yes ___ No

Emergency form submitted: _____ **Release form submitted:** _____