



## COMMUNITY & CORPORATE PARTNER VOLUNTEER GROUP REGISTRATION FORM

This registration form is only to be used for paid and current employees of a CMSD partner organization or corporation.

Please print clearly or type. All areas must be completed if applicable. Fill out one form per school building. Thank you!

Contact Name:	Affiliated Community Group:		
Address:			
City:	State:	Zip code:	
Phone:	Cell phone:		
Email:	Group website:		
We 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:			
Has your organization volunteered at CMSD before? <input type="checkbox"/> Yes <input type="checkbox"/> No / Please indicate the most recent school year: 20__ - 20__			
If yes, please list name(s) of school(s):			
Please complete attached registration roster with employee names and school(s) where they serve.			

**It is required for Community Partners to answer the following questions:**

**Have the attached listed employees been convicted of felonies listed in the “Attachment A” to this form?  
Please circle: Yes No**

**If yes, please contact the Manager of Volunteers. Thank you!**

**Have the above listed employees been subject to a state and federal background check (BCI/FBI check) within the last year? Please circle: Yes No**

**Corporate partners are responsible for completing these checks and verifying that their employees volunteering with CMSD have not been convicted or pled guilty to an offense listed in the attached document (within appropriate timeframes, if applicable). If you have questions regarding this, please contact the Volunteer Manager.**

We, \_\_\_\_\_, as a Volunteer Group, agree to be solely responsible for any claim, suit, or loss, sustained by the listed volunteers, as a Volunteer Group, its officers, directors, employees, or agents for any asserted property damage, injury, or death of any person to the extent that it results from or is caused by the asserted sole ordinary negligence of the listed volunteers, as a Volunteer Group, or its officers, directors, employees, or agents.

**(The employee signing this form must be authorized to be responsible for the group)**

Signed: \_\_\_\_\_

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

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

**AFTER COMPLETION PLEASE RETURN THIS FORM TO CMSD SCHOOL SITE MAIN OFFICE OR CMSD DEPT. REPRESENTATIVE.**

**If you have questions regarding registration, please contact  
CMSD Volunteer Manager at 216-838-3223 / [judith.lozada@clevelandmetroschools.org](mailto:judith.lozada@clevelandmetroschools.org)**

## “Attachment A”

### Non-licensed Employees and CMSD Volunteers

OAC 3301-20-03(A)(6)

### DISQUALIFYING OFFENSES – NOT ELIGIBLE FOR REHABILITATION

#### Sexually-oriented offenses:

- 2907.02(rape)
- 2907.03 (sexual battery)
- 2907.04 (unlawful sexual conduct with a minor)
- 2907.05 (gross sexual imposition)
- 2907.06 (sexual imposition)
- 2907.07(importuning)
- 2907.21 (compelling prostitution)
- 2907.22 (promoting prostitution)
- 2907.23(procuring)
- 2907.25 (prostitution; after positive HIV test)
- 2907.31 (disseminating matter harmful to juveniles)
- 2907.32 (pandering obscenity)
- 2907.321 (pandering obscenity involving a minor)
- 2907.322 (pandering sexually oriented matter involving a minor)

- 2907.323 (illegal use of a minor in nudity-oriented material or performance)
- 2907.12 (felonious sexual penetration)

#### Child-related violent offenses:

- 2905.01(kidnapping)
- 2905.02(abduction)
- 2905.05 (criminal child enticement)
- 2919.23 (interference of custody)
- 2905.04 (child stealing)
- 2919.22 (endangering children)

#### Violent offenses:

- 2903.01 (aggravated murder)
- 2903.02(murder)
- 2903.03 (voluntary manslaughter)
- 2903.04 (involuntary manslaughter)

### DISQUALIFYING OFFENSES – ELIGIBLE FOR REHABILITATION.

#### Volunteers must show proof of rehabilitation.

#### Within 20 years

- 2903.11 (felonious assault)
- 2903.12 (aggravated assault)
- 2911.01 (aggravated robbery)
- 2911.02(robbery)
- 2911.11 (aggravated burglary)
- 2923.161 (improper discharge firearm at or into habitation; school-related offenses)
- 3716.11 (placing harmful objects in food/confection)
- 2919.12 (unlawful abortion)

#### Within 10 years

- 2925.02 (corrupting another with drugs)
- 2925.03 (trafficking in drugs)
- 2925.04 (illegal manufacture of drugs or cultivation of marihuana)
- 2925.05 (funding of drug or marihuana trafficking)
- 2925.06 (illegal administration or distribution of anabolic steroids)
- 2911.12(burglary)

#### Within 5 years

- 2903.13(assault)
- 2903.16 (failing to provide for a functionally impaired person)
- 2903.21 (aggravated menacing)
- 2903.34 (patient use or neglect)
- 2907.08(voyeurism)
- 2907.09 (public indecency)
- 2919.22 (endangering children)
- 2919.24 (contributing to unruliness or delinquency of a child)
- 2919.25 (domestic violence)
- 2923.12 (carrying concealed weapons)
- 2923.13 (having weapons while under disability)
- 2925.11 (possession of a controlled substance that is not a minor drug possession offense)

Rehabilitation Conditions:

1. At the time of the offense, the victim was under 18 years old or enrolled as a student in the district.
2. If the offense was a felony, at least five years have elapsed since the applicant was fully discharged from imprisonment, probation, or parole or the applicant has had the record of his/her guilty plea, finding of guilt or conviction sealed or expunged. If the offense was a misdemeanor, at least five years have elapsed since the date of conviction or the applicant has had the record of his/her guilty plea, finding of guilt or conviction sealed or expunged.
3. The applicant is not a "repeat offender" of any of the offenses listed in 3319.39(B)(1) or 3319.31. A sealed or expunged conviction shall not be counted for purposes of this paragraph. See OAC 3301-20-01(E)(2)(c) for a definition of "repeat offender."
4. The applicant provides written confirmation of his/her efforts at rehabilitation and the results of those efforts. Written confirmation may include a statement by a court, parole officer, probation officer and/or counselor that the applicant has been rehabilitated.
5. The applicant's hiring or licensure would not jeopardize the health, safety, or welfare of the persons served by the district. The district must consider the following factors:
  - a. The nature and seriousness of the crime;
  - b. The extent of the applicant's past criminal activity;
  - c. The age of the applicant when the crime was committed;
  - d. The amount of time that has elapsed since the applicant's last criminal activity;
  - e. The conduct and work activity of the applicant before and after the criminal activity;
  - f. Whether the applicant has completed the terms of his probation or deferred adjudication;
  - g. Evidence of rehabilitation;
  - h. Whether the applicant fully disclosed the crime to the state board, the department and the district;
  - i. Whether service, employment or licensure will have a negative impact on the local education community;
  - j. Whether service, employment or licensure will have a negative impact on the state-wide education community; and
  - k. Any other factors the state board, district, or superintendent considers relevant.