



# Academy of Dover Charter School

## "A Small School with a Big Vision"

104 Saulsbury Road ~ Dover, DE 19904  
302.674.0684 ~ 302.674.3894 Fax

Mrs. Cheri Marshall, Principal

Mr. Gene Capers, Assistant Principal

### **\*\*Important information for anyone wanting to volunteer on school grounds or on school sponsored field trips\*\***

Per Delaware Law (80 Del. Laws, c.211) all public school entities are required to obtain criminal and Child Protection Registry checks for prospective employees, volunteers, and contractors.

If you plan to volunteer at any time during the school year, please complete the appropriate forms attached and return them to Academy of Dover. The forms authorize the school to complete a thorough background screening of prospective volunteers. Please understand this process is for the safety and protection of all students and staff while on school grounds and school sponsored field trips.

#### **Fingerprint and Criminal Background Check Procedure:**

1. Complete the school Volunteer Packet
2. Complete your State and FBI Background Check by going to:

#### **Kent County (no appointment needed)**

The office is located at 655 South Bay Road, Suite 1B, Dover, DE 19901 in the Blue Hen Corporate Center. Enter the road between Kent County Levy Court and Firestone, follow the fingerprint signs.

#### **Hours of operation are:**

- Mondays, 8:30 a.m. to 6:30 p.m.
- Tuesday through Friday, 8:30 a.m. to 3:30 p.m.
- Call 302-739-5871 for more information
- There will be a fee of \$18, paid by the individual obtaining the background check.

**\*\*Please note: Make sure to mention that you are getting your fingerprints done as a public school volunteer and it will only be \$18 rather than the normal \$65 for employees. This fee is paid by the individual to the State of Bureau of Identification. If an individual is employed by a State of Delaware Agency, they may request the agency send us a "True Copy" of the CBC that is signed and dated by the Agency official. Both the volunteer and the school will receive a copy via mail. Cash, money order, Visa, MasterCard and Discover accepted. Personal checks are NOT accepted.**

**Academy of Dover Charter School  
SCHOOL VOLUNTEER ENROLLMENT FORM**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Names: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Names: \_\_\_\_\_ Grade: \_\_\_\_\_

I would like to ... (please check)

BE A SCHOOL VOLUNTEER on a consistent basis where AOD staff are present

BE A CHAPERONE on any school sponsored field trips.

(State of Delaware and FBI Criminal Background required - \$18 charge paid directly to DE State Police by the volunteer)

**Volunteer Contract:**

As a volunteer at the Academy of Dover Charter School I agree to:

Respect confidentiality when dealing with students and school staff.

Abide by the rules and policies of the school.

Immediately report to AOD if you are convicted of a crime other than a minor traffic violation, been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment, exploitation, any other crime related to children, or register as a sex offender with the Sex Offender Registry.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Principal approval required before volunteering or chaperoning.

This enrollment form will be kept on file at the school.

**Academy of Dover Charter School  
Volunteer Disclosure Form**

It is the policy of The Academy of Dover Charter School to make every reasonable effort to provide a safe learning environment for students working with volunteers. Subsequently, the District requires the following confidential information from volunteers who directly work with students.

This form must be completed, and returned, to the School Office. Clearance must be received from school administration prior to beginning a volunteer experience at the Academy of Dover Charter School. Volunteers include, but may not be limited to, parents who serve as a volunteer, mentor, or field trip chaperones.

1. Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Have you ever been convicted or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment or exploitation, or any other crime related to children?  
 Yes  No  
If yes, please explain: \_\_\_\_\_

3. Are you required to register as a sex offender with the Sex Offender Registry?  Yes  No  
If yes, please explain: \_\_\_\_\_

4. Do you currently have charges pending or are there any ongoing investigations relating to any of the  
aforementioned?  Yes  No  
If yes, please explain: \_\_\_\_\_

I, as a volunteer working at the Academy of Dover Charter School, fully understand that this position is, as stated, on a volunteer basis, which inherent in its meaning, entitles me to no pay or any form of compensation for my services. I understand that the volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

I authorize Academy of Dover to review my personal background. I consent to have AOD conduct a criminal background check. I understand that any misrepresentation on any of the volunteer enrollment forms may result in immediate disqualification from any volunteer service within the school. I understand that AOD reserves the right to deny my application to serve as a volunteer. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to this process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit  
Concord Plaza, Hagley Building  
3411 Silverside Road  
Wilmington, DE 19810  
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Do not use a cover sheet
- Do not send duplicate requests
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

## PART I. APPLICANT INFORMATION (*PLEASE PRINT CLEARLY*)

Name: \_\_\_\_\_  
Last First Middle

Other Name(s) used: \_\_\_\_\_ DE Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
mm / dd / yyyy

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect?  Yes  No

If yes, explain: \_\_\_\_\_

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/ organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

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

Parent / Guardian Signature (If applicant is under the age of 18) \_\_\_\_\_

## PART II. AGENCY/ORGANIZATION INFORMATION - (*MUST BE COMPLETED IN ORDER TO PROCESS*)

<b>Please check only one:</b>			
<input checked="" type="checkbox"/> EDUCATION	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> OTHER _____

Agency Identification Number (if applicable): 9585

Requesting Agency Name: Academy of Dover Charter School

Address: 104 Saulsbury Road, Dover, DE 19904

Phone: (302)674-0684 Fax: (302)674-3894 Contact Person: Cheri Marshall

### DSCYF USE ONLY:

The individual listed above (    is listed) (    is NOT listed) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_

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

Volunteer Signature: \_\_\_\_\_

**DELAWARE DEPARTMENT OF EDUCATION<sup>1</sup>**  
**CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE**  
**FOR VOLUNTEERS IN PUBLIC SCHOOLS**

*All school students, employees, and volunteers are required to be screening for Tuberculosis (TB)<sup>2</sup>. The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. This questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further testing. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner. The questionnaire must be completed every five years. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.*

Please consider the following questions and circle only ONE response in the box below<sup>3</sup>:

Can you answer "yes" to any of the questions below?	
1. In the past five years, have you lived or been in close <sup>4</sup> contact with anyone who had active, infectious TB disease? 2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks? Cough                      Fever Night sweats              Weight loss 3. Have you ever had a positive HIV test? 4. In the past five years, have you ever used illegal intravenous drugs? 5. In the past five years, have you been incarcerated? 6. In the past five years, have you been homeless which resulted in living in a shelter or with others outside of your family, who were homeless? 7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health. • In the past five years, have you stayed/lived in one of these countries for 1 month or longer? • In the past five years, have you lived or been in close contact with someone who stayed/lived in one of these countries for 1 month or longer?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you checked YES, you are required (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.

Have you ever had a positive skin test for tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked <u>yes</u> , you are <u>required</u> to provide documentation related to current disease status prior to your assignment as a volunteer.

These requirements are for the safety of our school and for your personal health. Screening for tuberculosis is recommended by health professionals for any individual who is at risk. Routine screening, using a Mantoux tuberculin skin test or a TB blood test, such as the Quantiferon Gold TB Test, can detect if a person has been exposed to tuberculosis. Early identification of infection and completion of a course of antibiotic treatment significantly reduces the chance of developing active TB disease over the lifetime of infected individuals.

If you have any questions about your risk of infection, please speak with your healthcare provider or plan to discuss it at your next examination. For additional information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

<sup>1</sup> Developed in collaboration with The Delaware Division of Public Health, with revisions 7/2010 and 7/1/13.

<sup>2</sup> Regulation 805 can be accessed at <http://regulations.delaware.gov/AdminCode/title14/800/805>.

<sup>3</sup> To maintain confidentiality of medical information, the volunteer should not provide an individual answer to each question. The volunteer's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The volunteer should not indicate which one. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

<sup>4</sup> CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.