

Rainier School District Volunteer Packet

Community patrons who voluntarily contribute their time and talents to the improvement and enrichment of the public schools' instructional and other programs are valuable assets.

The Board encourages constructive participation of groups and individuals in the school to perform appropriate tasks during and after school hours under the direction and supervision of professional personnel. District Policy: IICC

- Please fill out the attached documents and return to the Rainier School District Office or scan and email to: sharrison@rsd.k12.or.us
- In order to submit for clearance we must have Permit/ID/Driver License number or Social Security Number
- If you have any questions regarding the volunteer packet, please contact Shalana Harrison at 503-556-3777 ext. 402 or sharrison@rsd.k12.or.us

We do not process volunteer packets until they are complete.

After your information has been processed, you will receive a phone call to notify you of your clearance status and next steps.

Processing and clearance can take anywhere from 24 hours to 10 business days.

Rainier School District

VOLUNTEER EMERGENCY DATA FORM

Personal Data

Employee Name: Last, First, Middle		Phone:
Address:		Cell / Alt Phone:
City:	State:	Zip Code:
Social Security #: (Optional)	Sex: (Circle) Male Female	Date of Birth:
E-Mail:		

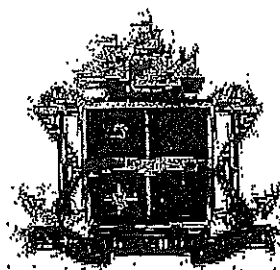
Emergency Contact Information

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Hospital Preference:	Physician Name:	Phone:
Other medical information in case of an emergency:		

Other Information

What will you be volunteering for in our district?
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RAINIER SCHOOL DISTRICT
DREAMS...OPPORTUNITY...SUCCESS



Rainier School District Procedure
On
Confidentiality

Respect the confidentiality of anything you learn in the school. Students and their specific problems should not be discussed outside the learning environment. Be professionally discreet. Never publicly discuss parents, children or staff. Discuss student's problems only with the teachers with whom you are working.

I have read, understand and agree to abide by the above procedure.

Name

Date

28168 Old Rainier Road
Rainier, OR 97048
(503) 556-3777

RAINIER SCHOOL DISTRICT
DREAMS...OPPORTUNITY...SUCCESS



**Rainier School District Procedure
On
Corporal Punishment**

The use of corporal punishment in any form is strictly prohibited in the district. No student will be subject to the infliction of corporal punishment.

"Corporal punishment" is defined as the willful infliction of, or willfully causing the infliction of, physical pain.

No teacher, administrator, other school personnel, or school volunteer will subject a student to corporal punishment or condone the use of corporal punishment by any person under their supervision or control. Permission to administer corporal punishment will not be sought or accepted from any parent/guardian, person in parental relationship or school official.

A staff member is authorized to employ physical force when, in their professional judgement, the physical force is necessary to prevent a student from harming self, others or doing harm to school district property. Physical force shall not be used to discipline or punish a student. The superintendent shall inform all staff members and volunteers of the policy.

Rainier School District 13, Board Policy - JGA

ORS 161.205 ORS 339.240 ORS 339.250

OAR 581-21-050 to -075 OAR 584-020-0040

I have read, understand and agree to abide by the above corporal punishment policy.

Name

Date

28168 Old Rainier Road
Rainier, OR 97048
(503) 556-3777

VOLUNTEER ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND COVID-19/COMMUNICABLE DISEASE AGREEMENT

Volunteer Name: _____

Phone - Work: _____ Home: _____ Other: _____

Address: _____

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. The Rainier School District cannot completely mitigate the transfer of communicable diseases like COVID-19. Volunteering at/for the Rainier School District includes possible exposure to and illness, injury, or death from communicable diseases, including COVID-19.

I attest that I am not experiencing any symptoms of illness such as fever, chills, cough, or shortness of breath. If I develop symptoms, I agree that I will decline volunteering opportunities with the Rainier School District and not participate in any School District activities. I acknowledge that I must follow the safety and hygiene protocols set forth by the Centers for Disease Control, Oregon Health Authority, and the Rainier School District.

I further attest to the following:

- I have not been diagnosed with COVID-19 without being cleared as noncontagious by a state or local public health authority
- I have not been advised by a health care provider to self-quarantine due to concerns related to COVID-19 or another communicable disease
- I will notify the Rainier School District if I receive a COVID-19 diagnosis, test positive for COVID-19, or am advised to self-quarantine due to concerns related to COVID-19 or another communicable disease
- I will not participate in any Rainier School District activities until 14 days has passed from my last potential exposure to COVID-19
- I do and will follow the Center for Disease Control and Oregon Health Authority COVID-19 guidelines to the best of my ability (e.g., hand washing, physical distancing, wearing of face coverings)

I am volunteering for the Rainier School District. I understand volunteering with the Rainier School District means that no compensation is expected in return for the services I provide, and that the Rainier School District will not provide any benefits typically associated with employment. I further acknowledge that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my volunteering for the Rainier School District.

I understand that my volunteering with the Rainier School District may involve activities that could be hazardous to me, including those which may expose me to communicable diseases. I fully understand and appreciate these risks that are inherent to my volunteering. I assume the risk of all bodily injury, medical treatment, illness, and/or death that may result from my volunteering for the Rainier School District, even if it results from the Rainier School District's negligence or that of its employees or agents.

I hereby release, waive, discharge, exonerate, and agree to indemnify and hold harmless the Rainier School District, its Board of Directors, the individual members thereof, and all officers, agents,

employees, and representatives from any and all liability, causes of action, claims, demands, damages, expenses and compensation, including attorneys' fees, fines or other costs arising out of any exposure to or illness or injury from a communicable disease, including COVID-19, which may result from or have any connection to my volunteering. I give this release to the fullest extent of the law, for myself, and my heirs, administrators, executors, successors and/or assignees.

I certify and represent that I have the legal authority to waive, discharge, release, indemnify, and hold harmless the released parties.

I certify that I have read this document in its entirety and fully understand its contents. I agree to the Rainier School District's Volunteer Assumption of Risk, Waiver of Liability & COVID-19 Agreement. I freely and voluntarily assume all risks of such hazards and notwithstanding such, release the Rainier School District from all liability for any loss regardless of cause, and claims arising from my volunteering for the Rainier School District.

Volunteer Signature

Date



Rainier School District #13

Rainier District Policy

Code: IICC Adopted: 4/09/18 Revised/Readopted: 12/09/19

All volunteers authorized by the district for volunteer service shall undergo an in-state criminal records check.

Any volunteer allowed to have direct, unsupervised contact with students, in a position identified by the district in Board policy as requiring fingerprinting, shall undergo a state and national criminal records check based on fingerprints. (See Board policy GCDA/GDDA – Criminal Records Checks and Fingerprinting and its accompanying administrative regulation.)

Any volunteer who knowingly makes a false statement, as determined by the district, on a district volunteer application form will be denied the ability to volunteer in the district. The administration is responsible for the recruitment, use, coordination and training of volunteers.

Code: GCDA/GDDA-AR Adopted: 3/12/18 Revised/Readopted: 10/14/19

Fees

1. Fees associated with criminal records checks and/or fingerprinting for individuals applying for employment with the district and not requiring licensure will be charged as follows: 50 percent of the total cost shall be paid by the district, and the remaining 50 percent by the individual.

2. Fees associated with criminal records checks and/or fingerprinting for persons hired as or by contractors, shall be paid by the individual.

3. Fees are payable within three working days of beginning employment, or an individual offered employment in the district may request that the amount of the fee be withheld from the amount otherwise due the individual in accordance with Oregon law. The district may withhold such fees only upon the request of the individual.

4. Fees associated with required criminal records checks for volunteers shall be paid by the district.

5. Fees associated with required fingerprinting for volunteers shall be paid by the individual.

I, _____ have read, understand the above referenced policies in regards to Criminal Records Checks and Fingerprinting and associated fees.

Signature

Date

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N CRIMINAL HISTORY VERIFICATION FOR PRE-EMPLOYMENT AND VOLUNTEERS COVER FORM

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(Includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you EVER been convicted of a sex-related crime? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? Yes No

B. Have you EVER been convicted of a crime involving violence or threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you EVER been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you EVER been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions. If you answer no to any of the questions above, and a criminal conviction exists, this will result in a "No" determination by ODE.

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____