



# INSTRUCTIONAL SCHOOL VOLUNTEERS

*(excluding current school employees and coaches)*

Regulation Code: 5015-E

Thank you for your interest to serve as a school volunteer for Lincoln County Schools. Lincoln County Schools recognizes the contributions that school volunteers can make to the learning process and educational goals of the school district. Instructional programs are enhanced through the participation of community members, local business and industry, and parents. Volunteers contribute time, resources, and expertise to help ensure educational success for all students. **Current LCS employees are excluded from this policy.**

According to Lincoln County Board of Education Policy #5015, School Volunteers, Lincoln County Schools is required to "perform adequate screening of volunteers based upon the amount of contact they will have with students", as well as a complete criminal background screening to help ensure that students are safe in a school environment. The criminal background screening is crucial due to the vulnerability of the school-aged population we serve. We appreciate your support and understanding in providing an appropriate environment for our students

*Mr. Brian E. Clary, Chief of Human Resources*

### Consent of Criminal Background Screening

The following must be completed, signed, and dated. **Please PRINT clearly.**

If you have more than one child at the same school, you only need to complete one form per person/volunteer. Please return this form to your youngest child's teacher. The school will submit to HR for approval.

School \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

DOB \_\_\_\_\_ SS# (last 6): XXX-\_\_\_\_ - \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

Parent Signature (**REQUIRED**) \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Area/Purpose: Instructional \_\_\_\_\_ Field Trip \_\_\_\_\_ Other \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY SCHOOL PERSONNEL

*Select volunteer level below*

- Level 1** Task takes place under supervision and involves little or no student contact or under supervision in classroom or other group setting (*principal approves*)
- Level 2** Task involves direct contact with students under limited supervision by school staff (*requires background check*)
- Level 3** Task allows unsupervised contact with student on or off campus (*requires background check & drug test*)

SUBMITTED BY: PRINCIPAL / DESIGNEE:

DATE: