



School Volunteer Application

Applicant's Name: _____
(First) (Middle) (Last)

Preferred First Name: _____ Maiden Name: _____

Other Names Used/Previous Married Name: _____

Other Names Used/Previous Married Name: _____

Other Names Used/Previous Married Name: _____

Birthdate: ____/____/____ Gender: _____

Current Address: _____

Current City: _____ Current State: _____ Current Zip: _____

County: _____ How long at current address? _____

Cell Phone: _____ Home Phone: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Asian ☐ Asian/Pacific ☐ Caucasian ☐ Hispanic ☐ Mixed
☐ Native American ☐ Other

Emergency Contact Name: _____

Emergency Contact Phone: _____

Are you a current USD308 employee? ☐ Yes ☐ No

If yes, what school do you work at? _____

If yes, are you classified or certified? _____

**RUR will screen all current classified USD308 school district employees*

Employment Status:

Employer Name: _____

Employer Phone: _____

Employer Address: _____

Volunteer Program(s) Applying For:

☐ **School & Community Volunteer:** You are a parent, guardian, family member, or community member who wishes to volunteer with USD 308 schools through opportunities such as field trips, classroom activities, school-sponsored clubs, events, PTO, or other school-related activities.

What school(s) are you interested in volunteering in? _____

What student(s) are you volunteering for? _____

What is your relationship to the student(s)? _____

☐ **Rise Up Reno School-Based Mentorship Program:** You are interested in serving as a school-based mentor with Rise Up Reno through programs such as Read With Me, One-to-One Mentoring, Lunch/Breakfast Buddies, or similar mentoring opportunities.)

** Rise Up Reno will be in contact with you after approval to discuss mentorship opportunities*

** I understand that program placement is not guaranteed and is based on school availability*

Photo/Video Release:

I give permission to Rise Up Reno to use photographs, video recordings, audio recordings, or any combination thereof that include my image, voice, or name for public viewing, publication, or presentation. These materials may be used in any media format, including but not limited to news articles, audio-visual productions, television, websites, social media, and Rise Up Reno publications or presentations (such as newsletters, brochures, promotional materials, and display boards). I understand that these materials will remain the property of Rise Up Reno, that I will not receive compensation for their use, and that I may not be notified in advance of the specific use.

☐ Yes ☐ No

Applicant's Authorization and Agreement:

I authorize Rise Up Reno to contact my employer and listed references as part of the volunteer application process. I understand that any omissions, misstatements, or false information provided on this application may result in my application being declined or, if accepted, the termination of my volunteer placement. I understand that information provided in this application, including but not limited to driver's license information, criminal background checks, child abuse/neglect registry checks, and sex offender registry checks, may be verified and shared with Rise Up Reno and participating school districts. I hereby consent to such verification and disclosure. I certify that all statements made on this application are true, accurate, and complete to the best of my knowledge. I understand that Rise Up Reno and/or participating school districts reserve the right, at their sole discretion, to accept or decline this application and are not required to provide a reason for their decision.

Applicant's Signature: _____ Date : _____



SCREENING CRITERIA

A determination of "Pass," "Fail," or "Defer" is made, based on the following criteria:

SCREEN	PASS*	FAIL	DEFER
Criminal	· Clear Record · Misdemeanors that occurred more than ten years ago and did not involve drugs, sexual misconduct, or violence against a person.	· Any felony involving sexual misconduct, violence against a person or was drug related. · Other felonies that occurred within the past 10 years · Misdemeanor or felony within the past 10 years that involved distribution or manufacturing of drugs, sexual misconduct, or violence against a person. · Any case where a weapon was used in the commission of the offense. · Failure to disclose any misdemeanor or felony.	· Any felony other than personal or drug-related that occurred more than 10 years ago. · Misdemeanor that occurred more than 10 years ago involving sexual misconduct or violence against a person. · Any misdemeanor convictions in the past 10 years. · Any DUI or alcohol related conviction that occurred within the past 3 years. · Any drug related convictions that do not include manufacturing or distribution, with proof of 5+ years in long-term recovery.
Child Abuse & Neglect	· No findings	· Any confirmed report	· Any findings other than a confirmed report
Sex Offender Registry	· Not found on currently accessed state registries	· Listed on a currently accessed state registry	· Match of applicant's last name and address on a currently accessed state registry

Upon evaluating screening criteria to participate as a school or Rise Up Reno volunteer:

- ☐ I believe I will pass the screening process.
☐ I am unsure if I will pass the screening process.
☐ I do not believe I will pass the screening process.

Have you ever had a conviction, suspended sentence, diversion agreement or other judgment against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo contendere (no contest) and any matter expunged, annulled or sealed.

1. Any felony or misdemeanor? ☐ Yes ☐ No

2. Any municipal ordinance violation? ☐ Yes ☐ No

3. Any DUI/DWI? ☐ Yes ☐ No

4. Is your driver's license currently suspended? ☐ Yes ☐ No

Are any felony, misdemeanor or municipal charges currently pending against you or are you currently out on bail or on your own recognizance awaiting trial? ☐ Yes ☐ No

5. Have there ever been allegations, complaints or report regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? ☐ Yes ☐ No

**If you answered yes to any of the above, please provide date, description and explanation of each incident.

Name: _____

Date: _____



Standards of Conduct for Volunteers

Mentor Responsibilities

- Sign in and out properly at each school visit.
- Keep all student information confidential, unless abuse or neglect is suspected; in that case, report concerns to the principal.
- Telephone the school secretary to notify the student if you will be absent.

Restrictions on Electronic Communications

- E-mail communication with students must be preapproved and follow school district guidelines.
- All communication between any student and any volunteer via telephone, text messaging, social networking and other external devices or technologies is prohibited. The prohibition includes but is not limited to Facebook, Instagram, Snapchat and Twitter. Any exceptions must be approved in advance by a principal and/or administrator and follow school district guidelines.

Mentoring Guidelines

- All Rise Up Reno Mentor activities are school based. Activities are to occur on school grounds during the regular school or extended day. Any exceptions must follow school district guidelines and have principal and/or administrator approval.
- Volunteers may not transport students.
- Volunteers should minimize physical contact with students and always stay out of the "strike zone," (from shoulders to knees).
- Interact with students in public areas with others present.
- Limit physical contact to accepted gesture of greeting, guidance and praise, such as shaking hands, high fives or side hugs given only after student permission.

Prohibited Conduct

- No sexual or romantic advance, contact or relationship is allowed, even if apparently "consensual" or initiated by a student.
- Volunteers may not use profanity or exhibit displays of violence or threats of violence in the presence of students. Weapons are not allowed on school grounds.
- Volunteers may not engage in any illegal activities with students, including, but not limited to providing alcohol, tobacco or drugs to students.
- Volunteers may not attempt to influence or persuade students on religious or political matters.
- Using tobacco products while volunteering/mentoring is prohibited. This includes but is not limited to chewing tobacco, cigarettes, vaping or electronic cigarettes of any kind.

Mentor Volunteers

- Avoid giving gifts or lending money to students.
- Support teachers and their ideas.
- Treat teachers, students and parents with respect.
- Realize you are a school visitor whose purpose is to give support to students.
- Do not make negative comments to others about the children or teachers.
- Exhibit behavior supportive of all ethnic/racial groups.
- Consult with the teacher and/or the Building Connector if problems occur. If not resolved, phone the District Coordinator to report problems.

I, _____, (_____) (_____)
(Signature) (Date) (Please print name here)

have read the above and agree to follow these standards and guidelines for volunteering/Mentoring. Please sign and keep a copy for reference during your mentoring experience.



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
9/2018
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Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

Contact Person: Cherith Karsak Agency/Org.: NATSB
Phone #: (316) 263-4400 Address: 7334 W Newell
Email: cherith@natsb.com City/State/Zip: Wichita, KS 67212
Return Results by: ☒ Encrypted email (list if different than above): helpdesk@natsb.com ☐ Postal Mail

Payment/Account Information (check box which applies)

☐ Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.
☐ Online Payment*	www.dcf.ks.gov - 'Online DCF Payments' bottom of page. Payment Portal. Submit receipt with ROI form(s).
☐ Pre-Pay Account*	Agency/Org. has Pre-Pay Account. FEIN: _____
☒ Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program
☐ Exempt*	No fee for State government agencies (Sub-contracting agencies not included).

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:

☒ Yes ☐ No

This organization/person/agency may check my information each year I am employed or associated with them:

☒ Yes ☐ No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

☒

☐

DATE OF BIRTH: _____

RACE: _____

SOCIAL SECURITY #: _____

GENDER: ☐ Male ☐ Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

DCF ONLY:

MATCH

*This applicant is listed in the Child Abuse/Neglect Central Registry.
Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.
(see attached document for more info.)*

CLEARED



Volunteer Reference Questionnaire

This form is to be filled out by someone you have known for more than one year and is not related to you.

You are being asked to serve as a reference for _____, who is applying to volunteer in a school setting. Volunteer roles may include classroom activities, class field trips, and other mentoring opportunities. We are committed to ensuring that all volunteers are well qualified to support students in a safe, positive, and appropriate manner. Volunteers may assist with supervising students in a group setting, supporting school staff, or participating in structured mentoring activities, depending on the program selected.

All volunteers are expected to follow school and district guidelines, maintain appropriate boundaries with students, and work under the direction of school personnel at all times. Volunteers must be responsible, dependable, and able to serve as positive role models while helping ensure student safety. A volunteer applicant may not be approved to serve in the school building until this reference form has been completed. This reference is confidential. Your timely response will allow us to continue processing the application.

Completed forms may be mailed to Rise Up Reno Prevention Network or emailed to danler.alyssa@usd308.com.

Your Name: _____ Applicant's Name: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Describe this applicant's strong points in working in a one-to-one relationship with a child:

In a few words, please describe the applicant:

In a few words, please describe the applicant's relationship to his/her own children. (If applicable)

****Please fill out the reverse side***

How well do you feel you know the applicant?

☐ Very Well ☐ Pretty Well ☐ Not That Well ☐ Professionally Only

How well do you think the applicant follows through on commitments?

☐ Very Well ☐ Average ☐ Poorly

Applicant's relationship to youth in general (check all that apply):

☐ Well Liked ☐ Friendly ☐ Impatient ☐ Distant ☐ Stern ☐ Understanding

Other: _____

Based on your knowledge of the applicant, would you feel comfortable having a child of yours interact with or be supervised by the applicant while volunteering in a school setting? *(examples may include classroom volunteering, field trips, or other mentoring programs)*

☐ Yes ☐ No If no, please explain:

Do you know of any reason why the applicant would not be suitable to serve in a school volunteer setting?

☐ Yes ☐ No If yes, please explain:

If you have any additional information that you feel would be helpful to us, please feel free to attach an additional piece of paper or call us at (620) 615-4018.

Signature: _____ Date: _____



1520 N Plum St. Hutchinson, KS 67501
danler.alyssa@usd308.com
620-615-4018



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