



Procedure for Volunteer Application and Background Check

Most importantly, Thank you for applying as a Canton City School District Volunteer!

For the safety of all students and staff in the Canton City School District, anyone who volunteers in a school must consent to a BCII (Bureau of Criminal Identification and Investigation) fingerprint check. And, as in circumstances detailed below, a FBI check may also be required. Volunteers are required to **complete 3 forms each year**. In short, when your approved background check and paperwork is approved, you are cleared to work with students and staff.

Step 1: *Each year*, all volunteers must sign and complete the following forms:

- Volunteer Application Form
- School Volunteer Agreement
- Law Enforcement Agency Authorization

Send all three completed forms to Sue Luther, CCS Administrative Center, 305 McKinley Ave NW, Canton, OH 44702.

Step 2: Schedule your BCII check

- **If you have lived in Ohio for the last 5 years:** You will need to call **Sue Luther (330) 438-2588**, to make an appointment for a background check.

Once the appointment has been made, you will need:

to bring a check, exact cash or money order in the amount of **\$22** made payable to Canton City Schools, your **driver's license or state ID** and you must be able to provide **your Social Security number**. Once Ms. Luther has received the necessary information, paperwork will be processed for approval.

- **If you have not lived in Ohio for the past 5 years:** You will need to call **Sue Luther (330) 438-2588**, to make an appointment for a more extensive background check ~ BCI and FBI are both required. Once the appointment has been made, you will need to bring a check, exact cash or money order in the amount of **\$53.00** made payable to Canton City Schools, your **driver's license or state ID** and you must be able to provide your **Social Security number**. Once Ms. Luther has received the necessary information, paperwork will be processed.

Step 3: Once approved, the School Community Worker will be notified and will contact you.



<p>FOR OFFICE USE ONLY</p> <p>School: _____</p> <p>Local Background Check: _____</p> <p>BCII: _____</p> <p>_____Approved _____Denied</p>

Canton City Schools Volunteer Application Form ~ 2019/20

Name: _____

Address: _____ Zip: _____

Phone: _____ Birth Date: _____ Social Security #: _____

Years of residence in Ohio _____ If less than 5 years, please list city and state of previous residence _____

Education (indicate last year of school completed): _____

Number of children: _____ Name(s), Age(s) & School(s): _____

Please specify time/day you will be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Volunteer Preference:

_____ Preschool – Primary 2 _____ Primary 3 – 5 _____ Grades 6-8 _____ High School

What skills do you have that would be helpful in the positions you indicated above?

If you do not have a child attending the school, please list two references whom we may contact.

IN CASE OF EMERGENCY:

Contact Name: _____ Contact Phone: _____

Contact Address: _____ Hospital Choice: _____

Medical Condition(s)/Allergies: _____

PLEASE RETURN COMPLETED FORM TO SUE LUTHER – CCS ADMINISTRATIVE CENTER



School Volunteer Agreement ~ 2019/2020

Name: _____

Address: _____ Phone: _____

Volunteer directly responsible to: _____

Duties and responsibilities: _____

Time Commitment:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

Starting Date: _____ Ending Date: _____

Procedure for reporting absence: _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If answer is "yes", explain: _____

Were you a member of the armed services? Yes _____ No _____

If yes, have you been convicted under the Uniformed Code of Military Justice (UCMJ)?

Yes _____ No _____

If answer is "yes", explain: _____

The Volunteer agrees to:

- Respect the confidentiality of all information that may be received regarding any pupils or staff while volunteering (this includes any observations made while volunteering)
- Authorize the Canton City Schools to contact appropriate law enforcement agencies for the purpose of conducting a background check.

Volunteer Signature

The School Agrees to:

- Provide initial orientation and ongoing training and support for school volunteers.
- Show respect and appreciation by giving the volunteer a suitable assignment in line with areas of interest and skills.
- Inform the volunteer in advance of all schedule changes (holidays, special events, etc.)

School Volunteer Coordinator's signature: _____

Principal's signature: _____

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LAW ENFORCEMENT AGENCY AUTHORIZATION

Date _____

I, _____ do hereby authorize and
(PRINT Full Name)

request any City, County, State or Federal Agency, Department or Bureau to furnish any criminal information in their files under the above name(s). I agree to hold any sources of information blameless for any error in reporting this information. I release all persons, whomsoever, from any damage for having furnished said information.

Social Security Number MUST be furnished to be considered for any position.

SIGNATURE: _____

ALSO KNOWN AS, OR MAIDEN NAME _____
Please print

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Application to volunteer at: _____
Name of School

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