

NEW BOSTON SCHOOL DISTRICT

IJOC-R

VOLUNTEERS REGULATIONS

All volunteers are required to sign the New Boston School District Volunteer Confidentiality Agreement annually.

Procedures for implementation of Policy IJOC regarding designated volunteers and criminal records check:

Fingerprinting is being done at the Goffstown Police Department (GPD). Please see the SAU#19 website for further details about dates and times. <https://goffstown.k12.nh.us>

The HR department will be available as often as possible for fingerprinting at events that potential volunteers may be available. The SAU #19 office will have regularly scheduled times that volunteers may be fingerprinted. All volunteers should take advantage of those posted times. Individual appointments may be made upon the request of the Principal.

The SAU #19 office will maintain a list of those volunteers who meet the requirement of a “designated” volunteer. This list will be provided to the Principal and/or designee on a regular basis. The Principal and/or designee will disseminate this information as appropriate and necessary.

A volunteer may be reimbursed the cost of the background investigation. This request will be initiated by the volunteer upon completion of six (6) volunteer hours. The volunteer will complete the attached Designated Volunteer Reimbursement Form and submit it to the volunteer coordinator. The volunteer coordinator will confirm and document the required hours and forward all appropriate documentation to the Principal and/or designee. The Principal and/or designee will forward the request for reimbursement to the HR department at the SAU #19 office for processing.

Once the SAU #19 HR department confirms that reimbursement meets the necessary requirements, the department will process the request.

No volunteers will be considered a “designated volunteer” until the completion and return of the criminal records check. The Superintendent may waive this requirement under special circumstances.

Reference: Policy IJOC – Volunteers

Proposed: 06/21/17

Adopted: 08/23/17

Reviewed: 06/19/19

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DESIGNATED VOLUNTEER REQUEST FOR REIMBURSEMENT FORM

Volunteer's Legal Name: _____

Address: _____

Phone Number: _____

Amount paid for criminal records check: _____

Dates and times of documented six (6) hours of volunteer service:

Date:	Hours of volunteer time:

Volunteer Coordinator will sign below indicating that hours of volunteer time are accurate. Please photocopy and attach sign in page that coordinates with volunteer hours.

I confirm that the above named volunteer has performed six (6) hours of volunteer service for the school and is eligible for reimbursement of the cost of the background investigation.

Volunteer Coordinator Signature

Date

Principal and/or Designee Signature

Date

To be completed by HR Department of SAU #19 office:

The above named individual is eligible for reimbursement in the amount of _____

HR Director

Date:

Date submitted to business office for processing: _____

Reference: Policy IJOC – Volunteers

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VOLUNTEERS – CONFIDENTIALITY AGREEMENT

Volunteer Confidentiality Agreement

While performing volunteer services for the _____ School District, I understand that I am bound by laws and policies which protect the privacy of student information I am given access to. I agree to keep this information in the strictest confidence and recognize that the failure to do so may result in my being denied the opportunity to volunteer.

Signature of Volunteer

Date

Signature of District Designee

Date

(Principal, Superintendent, Classroom Teacher, Professional Staff Member)

Reference: Policy IJOC – Volunteers

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