

## Checklist for Volunteers

\_\_\_\_\_ Volunteer Application

\_\_\_\_\_ Background Check Request Form completed and signed

\_\_\_\_\_ TB Skin Test less than 3 years old signed by doctor or nurse

\_\_\_\_\_ Blood Bourne Pathogens Training Form signed and dated

\_\_\_\_\_ Blood Bourne Pathogens Training Quiz completed

All of the above items should be attached to your volunteer application and submitted to Mrs. Gerline Bethea. Your name and the school name should be written on the application. If any form that is listed on the checklist above is not attached to your volunteer application, it will be sent back to you. It will take from 3-10 days for BIB to process background checks. Volunteer applications should be turned in 14 days prior to departure for field trips.

To further assist you with your volunteer application, please provide at the bottom any traffic violations or misdemeanors you have been charged with in the past. The reason this request is being made is because our background checking service will capture this information. When this happens, it may appear that proper information was not provided at the time of your application.

Please do not have volunteers call Mrs. Bethea. It is the responsibility of the principal to make sure paperwork is complete and submitted in a timely manner.

Your cooperation will be greatly appreciated.



## SCHOOL VOLUNTEERS

Code **IJOC-R** Issued **6/07**

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### Definition

**Volunteers** are persons who work at school sites or at school-sponsored activities without compensation or employee benefits of any kind. They support district instructional programs and activities by assisting employees in providing individualization and enrichment of instruction and by strengthening school/community relations.

The board expects the administration to appropriately screen volunteers to assure the safety of the students. Approval of volunteers will be done by the principal.

Volunteers will be under the immediate supervision and direction of a certified person when assisting in an instructional setting. They will be under the supervision of appropriate approved personnel when assisting in a non-instructional setting.

Use of volunteers within the district is not to conflict with or replace any regularly authorized personnel position.

Volunteers are expected to comply with all rules and regulations set forth by the district.

### Procedures

- All volunteers must submit a volunteer application which includes the requirement of a background check by the district.
- Schools will thoroughly orient volunteers to the duties they are to perform. District consultants and supervisors may help with this whenever applicable.
- The school will give all volunteers some acquaintance with the overall operation of the school, including what the school expects of all persons who work with it.
- All volunteers are under the direct supervision of and accountable to the principal or his/her designee.
- No one will give volunteers the authority to have access to student records. Volunteers may only see those records that pertain to their own children in compliance with policy JRA and administrative rule JRA-R.
- The school principal will make periodic assessments to ensure that the volunteers are working productively with students.
- Volunteers are helpers only. The direction of students, particularly in strictly teaching areas, is the responsibility of the teacher and cannot be turned over to a volunteer.
- Health room volunteers are to work under the supervision of the school principal or his/her designee. Volunteers will follow district policy concerning first aid and emergency care.
- Principals should commend, thank and publicly recognize volunteers whenever justified and possible.

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### **Areas of use**

Volunteers may be used in many capacities, including the following.

- reading stories to students
- providing exhibits
- assisting with field trips
- helping in learning centers, libraries, cafeterias, offices, etc.
- tutoring
- checking objective tests and workbooks
- lecturing on special topics
- operating audiovisual equipment
- making graphs, charts, maps, flash cards, transparencies, etc. for classroom use
- inventorying book rooms; issuing books and other materials
- working in health room
- organizing parents for special projects
- acting as hostess or assistant hostess for school functions
- helping students with their work in the classroom
- helping with classroom housekeeping activities

***NOTE: Volunteers who help in the coaching of interscholastic sports and receive compensation meet the high school league's stipulation of being employed by the board and are subject to all board policies.***

Issued 2/5/01; Revised 6/4/07

## DISCLOSURE & AUTHORIZATION

### DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Marlboro County School District ("Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Background Investigation Bureau, LLC, ("BIB") who may be reached at 9710 Northcross Center Court, Huntersville, NC 28078, or by phone at (877) 439-3900 or by another outside organization. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. The BIB privacy policy may be found at [www.BIB.com](http://www.BIB.com)

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by directly contacting the consumer reporting agency identified above.

### AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

- Please check this box if you are a Minnesota or Oklahoma applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Employer.
- Please check this box if you are a California applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Employer at no charge whenever you have a right to receive such a copy under California law.  
(\*If you elect to receive a copy, you are required (on an ongoing basis) to keep Employer informed of address changes so reports are not sent to old addresses.)

### Personal Identifying Information for Consumer Reporting Agency - please print or type (list all names used; maiden, surname, alias)

Last Name	First	Middle	
_____	_____	_____	
Last Name	First	Middle	
_____	_____	_____	
Last Name	First	Middle	
_____	_____	_____	
Home Street Address	Apartment/Unit #		
_____	_____		
City	State	ZIP	
_____	_____	_____	
Phone	E-mail Address		
_____	_____		
*Date of Birth	*Social Security No.	Gender	Race
_____	_____	_____	_____
Drivers License Number	State Issued	Expires	
_____	_____	_____	

\*This information is for the sole purpose of retrieving the background information listed above and will not be used by Employer for discriminatory purposes.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(Applicant to keep this Summary of Rights)**

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**School Employee/Individual Certificate of Evaluation for Tuberculosis**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Residence Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Public or private school, kindergarten, nursery or day care center \_\_\_\_\_ Date Employed \_\_\_\_\_  
 of current employment or other employer or individual

<b>TEST RESULTS</b>	<b>TUBERCULIN SKIN TEST</b> _____ Date Given _____	<b>CHEST X-RAY</b> Date: _____ Interpretation: _____	<b>REMARKS</b>
	<b>5 TU PPD MANTOUX METHOD</b> _____ mm _____ Date Interpreted _____		
<b>DISPOSITION</b>	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD <sup>1</sup> <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Prevention treatment started _____ and completed _____ <sup>1</sup> <input type="checkbox"/> Prevention treatment started _____ but not completed _____ <sup>2</sup> <input type="checkbox"/> Prevention treatment not prescribed/refused <sup>2</sup> <input type="checkbox"/> History of tuberculosis disease Treatment started _____ and completed _____ <sup>1</sup> <input type="checkbox"/> Current tuberculosis disease <input type="checkbox"/> Non contagious as of _____ and medically cleared to start/resume school other employment on _____ <sup>2</sup>		
	<input type="checkbox"/> <sup>1</sup> No further routine screening required <input type="checkbox"/> <sup>2</sup> Remains at lifelong risk of developing tuberculosis		
<b>CERTIFICATION</b>	<input type="checkbox"/> This is to certify that I have examined the school employee named herein for tuberculosis and report my finding as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979 <input type="checkbox"/> This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above.		
	Physician's Signature _____		Date _____

DHEC 1420 (08/1998) **DISPOSITION:** This form shall be retained in the files of the current employer or individual following evaluation and certification.

**SCHOOL EMPLOYEE/INDIVIDUAL CERTIFICATE OF EVALUATION FOR TUBERCULOSIS:** this form may be used for school employees or other individuals who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees and by employer or individual for other needs.

**CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED APRIL 1979, SECTION 44-29-150.** No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the south Carolina department of Health and Environmental Control. Reevaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

**SECTION 44-29-160.** Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active state.

**SECTION 44-29-170.** the physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental control, whose duty it shall be to provide such forms upon request of the applicant.

**SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.** (Regulation 61-22) Each employee shall have, prior to employment, and unless so previously tested, as a condition for further employment, a tuberculin skin test performed by intradermal injection of 5 tuberculin units of purified protein derivative of tuberculin (Mantoux test with 5 TU of PPD). Employees with test reactions measuring less than 10mm or more shall have a chest x-ray, shall be recorded on the DHEC for 1420 which shall be kept in the files of the school principal/designee. These forms shall be subject to review by DHEC. If the chest x-ray (and examination of sputum, if necessary) shows evidence of current tuberculosis disease, the employee shall not be allowed to work until she/he receives written certification for DHEC that he/she is not contagious. Employees whose skin test reactions measure 10mm or more and who have a normal chest x-ray shall be evaluated for preventive therapy for their tuberculous infection. If preventive therapy is not prescribed, or is prescribed, but refused, a notation shall be made on the employee's certificate that he/she is considered to be infected with tubercle bacilli and remains at lifelong risk, of developing tuberculosis disease. Testing other than the described above, shall be required only if there is epidemiological evidence that employees, attendees, or students in the school, nursery, day care center, or kindergarten have become infected with tuberculosis.



The School District of  
**Marlboro County**  
P.O. Box 947 – 122 Broad Street  
Bennettsville, South Carolina 29512

**HIV AND BLOOD BORNE PATHOGENS**

**THE SIGNATURE ON THIS FORM INDICATES THAT I HAVE RECEIVED  
APPROPRIATE TRAINING IN THE TERMS OF OCCUPATIONAL EXPOSURE  
TO HIV AND BLOODBORNE PATHOGENS.**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**School Where Employed:** \_\_\_\_\_

## Bloodborne Pathogen Training

### Quiz

1. True False HIV and HBV may be present in body fluids other than blood.
2. True False Children that appear healthy probably are not infected with HBV or HIV.
3. True False Sexual contact and sharing infected needles are the only ways HBV or HIV can be transmitted.
4. True False Blood, vomit or urine may contain bloodborne pathogens.
5. True False You should always check disposable gloves for holes to ensure they will protect you from bloodborne pathogens.
6. True False Bloodborne infections can be transmitted through an open cut or through common skin conditions like dermatitis.
7. True False The HBV vaccine is safe and effective.
8. True False Every school system must create an Exposure Control Plan and make it available to some of the employees.
9. True False Some people infected with HBV show no signs or symptoms.
10. True False Contaminated surfaces can easily lead to the spread of HBV.
11. True False Standard Precautions means treating all blood and body fluids as if they are infected with a bloodborne disease.
12. True False To effectively disinfect surfaces and cleaning tools you may use one part bleach to 100 parts water.
13. True False Only teachers and housekeeping staff are at risk of encountering bloodborne pathogens at schools.
14. True False You must carefully remove disposable gloves to minimize your risk of infection.
15. True False HBV is never life-threatening.
16. True False Housekeeping staff and other school employees who clean sinks should wear proper PPE including gloves.
17. True False If you contract HBV you can put your family at risk of infection.
18. True False There's no need to wash your hands after removing disposable gloves.
19. True False Your school system's Exposure Control Plan will identify those who risk coming in contact with bloodborne pathogens while on the job.
20. True False Protecting yourself from bloodborne diseases requires knowing the facts about HBV and HIV and taking sensible precautions.