

§11-164-6 School personnel, students. (a) At the time of beginning employment or **volunteer service** of more than fifteen days, every teacher or other person having contact with students, either acting as a volunteer for more than fifteen days or employed in or by any school, including bus drivers having regular contact with children, shall be required to present to the principal or administrator of such school a certificate of TB examination issued within twelve months prior to starting employment or volunteer service stating that such teacher or person is free of communicable tuberculosis. The examination for tuberculosis shall include a tuberculin test, and if the test shows a positive reaction, a chest x-ray. A chest x-ray consistent with tuberculosis shall require further examination or treatment as deemed necessary by the department to exclude communicable tuberculosis prior to the issuance of a certificate.

**THIS SECTION FOR OFFICIAL SCHOOL USE ONLY:**

<p><i>Please Circle One</i>  <b>Background Check Approved: YES or NO</b>   <b>Date Background Check Approved:</b>          _____</p>	<p><i>If volunteering 15 or more days, please circle one</i>  <b>TB or X-Ray Clearance Approved: YES or NO</b>   <b>Date of TB or X-Ray Clearance:</b>          _____</p>
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**Administrator Signature:**  
 \_\_\_\_\_



# Haiku Elementary School Volunteer Registration

**Please be sure to read thoroughly and complete all pages. Return completed Volunteer Registration forms to the P.C.N.C. Facilitator.**

## VOLUNTEER REGISTRATION

\*All lines/sections marked with an asterisk are required. Background checks are MANDATORY for ALL volunteers.  
 Be sure to PRINT Legibly. All information received will be kept confidential for SCHOOL USE ONLY.

\*Legal Name of Applicant: \_\_\_\_\_  
\* First \*Last

\*Applicant's  
 Date of Birth: \_\_\_\_\_ \* Applicant's Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_  
\* MM/DD/YEAR

City: \_\_\_\_\_ Zip: \_\_\_\_\_ \*Day Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Would you like to receive Haiku Elementary School e-News at this e-mail? (Circle One)      YES    or    NO

SCHOOL VOLUNTEER  
Emergency Notification

Name of Applicant: \_\_\_\_\_

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

**In case of emergency, please notify:**

1. Name: \_\_\_\_\_

2. Relationship to you: \_\_\_\_\_

3. Phone #1: \_\_\_\_\_ Phone \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Relationship to you: \_\_\_\_\_

3. Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Doctor to contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Special**

**Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have any Haiku Elementary School students in your household, please list them below:

Student Name	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Office Use: Date completed: \_\_\_\_\_ Updated: \_\_\_\_\_

**STATEMENT OF PERSONAL BACKGROUND AND CRIMINAL HISTORY**

1. Have you ever been convicted of any of the following:

- a. Sex-Related Offenses?.....Yes \_\_\_ No \_\_\_
- b. Child Abuse/Neglect Offenses?.....Yes \_\_\_ No \_\_\_
- c. Substance/Drug Abuse Offenses?.....Yes \_\_\_ No \_\_\_
- d. Any Violation of the Law (Felony & Misdemeanor) other than minor  
Traffic offense involving a fine of \$50 or less?.....Yes \_\_\_ No \_\_\_

2. Have you ever been diagnosed as having a mental or emotional condition which may affect your ability to responsibly manage, supervise, control, and interact with children?.....Yes \_\_\_ No \_\_\_

Use the space below to explain any “yes” responses. Note: “Yes” answers do not automatically disqualify you from volunteering. Placement decisions will depend on the circumstances of each situation.

**\*Authorization**

I affirm that I have not been convicted of any felony. I am not currently under indictment for any felony or misdemeanor offense. I hereby give my voluntary consent to a criminal history check.

By selecting “I Authorize” in the box below, I empower HIDOE to be my designated representative for the purpose of obtaining my criminal history record information maintained by law enforcement agencies.

I understand that certain information obtained as a result of this criminal history check may preclude my participation in HIDOE.

\_\_\_\_\_ I Authorize

\_\_\_\_\_ I Do Not Authorize

\_\_\_\_\_  
\*Volunteer Signature

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

\*All lines/sections marked with an asterisk are required. \*

Please return signed and completed forms to the school’s Front Office. Mahalo!

**APPENDIX G**

Hawaii Department of Education  
**Volunteer Agreement**

**VOLUNTEER CERTIFICATION**

I hereby certify that all the information which I have provided during the application process is accurate and correct and I hereby make application to be a school volunteer in the Hawaii Department of Education. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment. If any of the information given on this application is incomplete or untrue, I understand that my assignment may be terminated.

### **VOLUNTEER CONSENT FOR REFERENCE, CREDENTIAL, AND BACKGROUND CHECKS**

I hereby give the Hawaii Department of Education permission to inquire into my licenses, credentials, educational background, references, driving record, police records, employment and my volunteer history. I further give permission to the holder of any such records to release this information to Hawaii Department of Education and its authorized officials. I understand that the Hawaii Department of Education will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I do hereby hold the Hawaii Department of Education harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Hawaii Department of Education. I understand that my placement with the Hawaii Department of Education is conditional upon the completion of appropriate suitability checks and cannot begin (or continue) unless this statement is satisfactorily completed.

### **VOLUNTEER CONSENT FOR RELEASE OF INFORMATION**

I do hereby give the Hawaii Department of Education permission to release personal information to local, state, and federal management agencies as needed. In addition, I give my consent to use my image and name as a school volunteer in publicity about the volunteer program as needed. There is no expiration on this permission unless notified.

### **STATEMENT OF UNDERSTANDING AND CONFIDENTIALITY**

I understand that as a volunteer with the Hawaii Department of Education, all information that I hear and see related to students is strictly confidential and is not to be discussed outside of the Hawaii Department of Education. I agree to observe all policies and procedures of the Hawaii Department of Education, including its commitment to a drug-free workplace.

A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPENDIX A**

Hawaii Department of Education

**VOLUNTEER CODE OF CONDUCT**

As a volunteer in a Hawaii public school, I agree to abide by the following code of conduct:

1. I will complete a Volunteer Registration/Application form provided by the school and update my information whenever necessary.
2. I will sign-in and sign-out at the location required by the school whenever I am at the school
3. I will wear a volunteer name badge/identification provided to me at all times while on campus.
4. I will call the school if I am absent or late.
5. I will dress and act appropriately as a role model for students.
6. I agree never to be alone with individual students who are not under the supervision of teachers or school authorities.
7. I will maintain confidentiality of all school or classroom information.
8. I will share with teachers and/or school administrators any concerns that I may have related to student welfare or safety.
9. I will not supervise a class in the absence of a certified teacher or make decisions about instructional objectives.
10. I will not discipline students or use physical force.
11. I will abide by all State laws, Board of Education policies, Department of Education and school rules and agree to do only what is in the best interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or risk being dismissed from my volunteer placement.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

School \_\_\_\_\_

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*employment or volunteer service stating that such teacher or person is free of communicable tuberculosis. The examination for tuberculosis shall include a tuberculin test, and if the test shows a positive reaction, a chest x-ray. A chest x-ray consistent with tuberculosis shall require further examination or treatment as deemed necessary by the department to exclude communicable tuberculosis prior to the issuance of a certificate.*

If you plan on 15 days or more of volunteer service, please be sure to complete a TB Skin Test.

Free TB Skin Testing is offered at the following locations, days & times:

Wailuku Health Center (WHC) 121 Mahalani Street Wailuku, HI 96793 Phone: 984-2128	Tuesdays & Thursdays 2:00 p.m. - 4:00 p.m.
Lahaina Comprehensive Health Center 1830 Honoapiilani Hwy., Rm. 116 Lahaina, HI 96761 Phone: 662-4031	1st Tuesday & 1st Thursday 1:30 p.m. - 2:30 p.m.
Hana Public Health Nursing Office	By Appointment Only: Call 248-4855

HI DOH schedule revised 7/2015