

## Volunteer Guidelines Summary

### **Annual Volunteer requirement**

- 20 hours per family; 10 hours per single parent family

### **What to do before you begin volunteering**

- Review the Volunteer Program handout
- Complete the Background Check Consent Form
- Sign the Statement of Confidentiality (below)
- Set up your HelpCounter Profile
- Check out the DaVinci Connections for upcoming opportunities

### **When volunteering at school**

- Sign in and out at the front desk; wear a volunteer badge
- Appropriate conversation and dress is important
- When working with students, you must work in an area visible to staff
- Respect the privacy of students and never repeat anything you see or hear about individuals
- Volunteers are not responsible for student discipline; report all discipline issues to the staff person in charge
- Volunteers must report any knowledge or suspicion of child neglect, physical or sexual abuse; please report any incident or suspicion immediately to a staff person
- Comply with the DaVinci Academy *Drug-Free Workplace/Drug-Free School* and *Tobacco Free Environment* Policies

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### Statement of Confidentiality

As a volunteer for DaVinci Academy of Arts and Science, I understand that some of my work may involve access to student information that is considered confidential.

I acknowledge my responsibility to respect the confidentiality of students and families, to follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and staff.

I understand the importance of maintaining the high professional standards required of all staff and volunteers at DaVinci Academy of Arts and Science.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Enrolled Student(s): \_\_\_\_\_

Relationship to Student(s) (e.g. parent, grandparent, family friend): \_\_\_\_\_

Volunteer group (the family group to which you want your volunteer hours recorded):

\_\_\_\_\_ Email address: \_\_\_\_\_



# Criminal Background Check Consent Form

For Staff and Volunteers  
**NON PROFIT** Organization  
Account Number T637546577

**(Please Print Clearly)**

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

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Middle Name (Full): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Gender: Male  Female

Have you lived in another state or country within the last 5 years? No  Yes

If you answered "yes", list the state(s) or countries in which you have resided and/or worked and when:

State/Country _____	Date _____
State/Country _____	Date _____
State/Country _____	Date _____

*If you have lived in another state, it may be necessary for DaVinci Academy to complete a record history check from that state or the FBI.*

**Have you ever been convicted** of any crime or offense against the law, or are there any charges pending, including felonies and misdemeanors (with the exception of speeding and parking tickets)? No  Yes

If yes, please provide information for each offense:

Charge(s) convicted of: \_\_\_\_\_

Date of conviction(s): \_\_\_\_\_

Court and location: \_\_\_\_\_

Action taken: \_\_\_\_\_

**Conditional Hiring for Employees:** I understand that DaVinci Academy may permit me to commence my employment duties pending completion of the criminal background check and acknowledge and agree that I may be terminated based on the result of the background check.

### \*\*\* CRIMINAL RECORD HISTORY RELEASE\*\*\*

#### Statute #123B.03

DaVinci Academy requires a Criminal Background Check Consent Form to be completed for all staff members and/or volunteers 18 years and older. Employment and volunteering in the school is conditional upon the determination by the school that an individual's criminal history does not preclude the individual from employment and/or volunteering.

This release and authorization acknowledges that DaVinci Academy may conduct a search and obtain any criminal or civil history record information pertaining to me which may be in files of any Federal, State or Local criminal justice agency in any state or province or any information as deemed necessary to fulfill the employment and/or volunteer requirements.

I authorize Minnesota Bureau of Criminal Apprehension (BCA) and any of its agents, to disclose criminal history record information to DaVinci Academy for the purpose of employment and/ or volunteering for the school.

I do hereby agree to forever release and discharge DaVinci Academy, its agent, BCA, and their associates to the full extent permitted by law, from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filled with any agency arising from the retrieving and reporting of information.

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