

DaVinci Academy recognizes and appreciates that families want to be actively involved in the education of their children. In addition, research shows that students whose parents are involved in their school perform better academically and socially. All individuals who volunteer at DaVinci Academy must have completed a background screening. Please complete both sides of the attached form and return it to the office at your earliest opportunity. Additional volunteer forms are available in the front office.

A \$10 processing fee is required to submit a background check and can be paid with cash or check (payable to DaVinci Academy). Your background check will remain on file for two years.

Purpose of having school volunteers:

- To enrich and enhance student's learning
- To enable teachers to offer more individual attention to their students
- To free other school personnel to meet the needs of students more effectively by providing volunteer assistance
- To strengthen the partnership between families, community, and the school

Volunteers will:

- Be under the supervision of the volunteer coordinator. It is the volunteer coordinator's responsibility to give the volunteer a clear understanding of the duties, procedures, expectations, and any other knowledge needed for performance in the school setting.
- Follow all applicable DaVinci Academy policies and guidelines including: 425-Dress code, 418-Drug-free workplace, and 419-Tobacco use. Volunteers are expected to review each policy (available on our website under "our school/school policies) and agree to adhere to them by signing the statement of confidentiality. Volunteers serve as very important role models to students.
- Maintain privacy. Student privacy is protected by law. Volunteers shall not be permitted to access, review, disclose or use private student information, or participate in meetings in which private student information is discussed. Failure to respect a student's right to privacy has legal consequences.
- Report any knowledge or suspicion of a child being neglected or physically or sexually abused. Report any incident or suspicion immediately to the volunteer coordinator.

Volunteers will not:

- Establish instructional objectives for lesson plans
- Administer corporal punishment or enforce student discipline
- Assume responsibility for an entire class in the absence of supervising staff
- Administer medication

For more information contact:
Lindsey Gable, Volunteer Coordinator
lgable@davincicharterschool.org



VOLUNTEER INTEREST FORM

First Name:

Last Name:

Phone Number:

Email Address:

Enrolled Student(s):

Relationship to Student(s):

Volunteer Availability

Check all that apply

Morning

Afternoon

Evening

Weekend

Volunteer Opportunities

Please check all that you would be interested in

Participate on committees

Serve and supervise lunch

Assist teachers with classroom projects

Participate on the PTO

Remodeling, painting, maintenance

Monitor recess

Office and admin tasks

School play/performances

Coordinate and/or coach extracurricular activities

School events (picture day, back to school night, etc.)

Fundraising projects

Bring in your special knowledge as a speaker

Chaperone on a field trip

Open to going where I am needed

Statement of Confidentiality

As a volunteer for DaVinci Academy of Arts and Science, I acknowledge my responsibility to respect the confidentiality of students and families. I agree to follow office procedures, to protect privacy, and to act in a professional manner to the public and staff. I have read and agree to abide by all the policies listed above. I understand the importance of maintaining the high professional standards required of all staff and volunteers at DaVinci Academy of Arts and Science.

Signature: _____ Date: _____

For more information contact:
Lindsey Gable, Volunteer Coordinator
lgable@davincicharterschool.org

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 the 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** _____