

RAPPAHANNOCK COUNTY PUBLIC SCHOOLS VOLUNTEER SERVICES AGREEMENT

Thank you for agreeing to volunteer your services in the Rappahannock County Public Schools. Please affirm your acceptance of the terms of your agreement to volunteer, as stated below, with your signature.

1. I agree to participate in activities in _____
Please list which sport/organization

2. I agree to volunteer: (Please check which applies) ____ supervised ____ unsupervised
Supervised = assisting while school staff is present Unsupervised = working alone with student(s).

3. I consent to RCPS performing a background check and understand that I may be ineligible for volunteering based on the results. If necessary, due to being unsupervised with students, I agree to be fingerprinted by a law enforcement agency before volunteering begins.

4. I agree that volunteering in this activity is an act of donating my labor, and possibly my own use of my personal vehicle, free of choice, and agree to perform assigned tasks in a responsible manner. I understand that volunteering for RCPS is not an exchange for any consideration, such as pay, academic credit, fringe benefits, the promise of future employment, or promoting my own personal or professional ventures.

5. I agree to assume the risks of personal property damage, injury, illness or death associated with participation in this activity and I agree to release RCPS, it's employees, agents, representatives, and other volunteers from any or all liability that may arise in connection with this activity. I agree that the terms hereof shall serve as an assumption of risks and release for any heirs, estate, executor, administrator, assignees, and for all members of my family.

6. I understand I will not be covered by worker's compensation laws in connection with this volunteer activity.

7. I understand that, as a volunteer, I will not be an employee. RCPS and I both hold the right to end my volunteer relationship at any time, for any reason, with or without advanced notice.

8. I agree to abide by RCPS policies and not disclose any confidential information concerning students, their guardians, employees, unpublished documents or other confidential information of which I may learn in the course of my volunteer service.

Print Name

Volunteer Phone Number

Signature (Parent signature if volunteer is a minor under 18yrs old)

Date

COVID-19 Employee Attestation of Health

Rappahannock County Public Schools
Washington, VA 22747

*Prior to starting any onsite work, each RCPS employee is required to self-certify that they:

- Within the past 24 hours have had no signs of a fever or a measured temperature above 100.3 degrees or greater, a cough, shortness of breath or difficulty breathing, or at least two of these symptoms: Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell.
- Have not had "close contact" with an individual diagnosed with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., *sharing utensils, being coughed on*) from a person who has tested positive for COVID-19, while that person was symptomatic.
- Have not been asked to self-isolate or quarantine by their doctor or a local public health official.

Any employee exhibiting symptoms or who is unable to self-certify will be directed to leave the worksite immediately. They will be advised to seek medical attention and applicable testing by their health care provider. Said employee may not return to the work site until cleared by a medical professional.

For Employee: I certify and confirm that the following statements are true:

1. I am not exhibiting any of the following symptoms associated with COVID-19:
 - a. Fever of 100.3°F or greater
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Or at least two of these symptoms:
 - i. Fever
 - ii. Chills
 - iii. Repeated shaking with chills
 - iv. Muscle pain
 - v. Headache
 - vi. Sore throat
 - vii. New loss of taste or smell
2. I have not been in close contact with anyone within the last 14 days who has been quarantined or isolated due to COVID-19.
3. I have not been advised by any medical provider or health authority that I may have been exposed to COVID-19.
4. I have not traveled out of the country in the past 30 days, or been in close contact with anyone who has traveled out of the country in the past 30 days.

I understand that in the case that I am notified that I may have been exposed to COVID-19 or start to exhibit any of the symptoms above while working, I will immediately halt any work where I am in contact with others, notify my supervisor, and vacate the premises.

I also understand that I am expected to use appropriate PPE when I am working in close proximity with other staff, clients, or partners of the company, and that RCPS has a zero-tolerance approach to intentional or unintentional breach of company guidance on the use of PPE.

Employee's Signature

Date



EMPLOYEE INFORMATION

Employee's Full Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____

Marital Status: __Single __Married __Divorced

Spouse's Name: _____

Spouse's Date of Birth: ____/____/____

Contact person and telephone number to be used in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

For Office Use Only

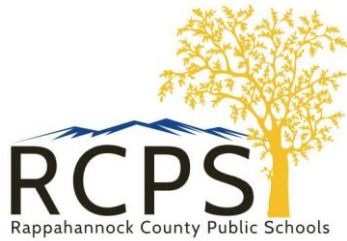
Date of Hire: ____/____/____

Years of Experience: _____

Step Placement: _____

Job Location: _____

Position: _____



**Rappahannock County Public Schools
6 Schoolhouse Rd.
Washington, VA 22747**

CHILD PROTECTIVE SERVICES FORM

Please help us to better serve you by ensuring that all forms submitted to us are fully and accurately completed. Complete this form using black ink only. Do not cross over, erase, or use white out on form. If you make an error please request a new form. This form must be notarized so please wait until you are in the presence of the notary before signing. We have a notary of public in our office available when you submit your completed forms to the School Board Office or you can choose to use another notary. Please do not enclose payment, fee is provided by the school.

Search Fee \$10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services
Office of Background Investigations - Search Unit
801 East Main Street, 6th Floor
Richmond, VA 23219-2901**

Search Fee \$10.00

Purpose of Search, Check one:					
<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care			
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other	

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip	Mandatory if agency code has been assigned		
Contact Name	Tel.#	Ext			
Contact E-Mail					

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex	Date of Birth (MM/DD/YYYY)		Race	
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Driver's License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)		City	State	Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature **Botary Number**

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only



To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit <http://fieldprintvirginia.com>
2. Click on the “Schedule an Appointment” button.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue”.
4. Enter the Fieldprint Code provided by your employer. **FPRappahannockCPSVol**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or customerservice@fieldprint.com.