

# Sandwich CUSD 430



## Volunteer Informational Packet

Procedures Revised 7/26/18

## **Who Can Volunteer?**

We welcome and encourage anyone who cares about children and education to consider volunteering their time to the district. Volunteers may include parents, grandparents, neighbors, community members, relatives and friends. The school district will utilize volunteers in a variety of capacities such as field trip chaperones, classroom helpers, increasing students' educational achievement, promote increased community involvement, allow more individualized attention to students, provide enrichment of experiences for students, increase effective use of staff time and skills, etc.

We encourage anyone interested in volunteering to contact the school district for more information.

## **Volunteer Qualities**

Our district looks for volunteers who:

- Are of good moral character and will serve as a positive role model for our students
- Have a great personality that will get along with administration, staff members, students and parents
- Possess the patience and understanding required to work with students
- Have a desire to motivate children and to help them succeed in school
- Are dependable and reliable

## **Volunteers:**

Shall operate under the direction of a certified teacher and shall be “in line of sight” of a certified teacher or paraprofessional while working with students.

# **Procedures While Volunteering:**

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## **Identification:**

In an effort to increase safety and security, all volunteers need to wear a school name badge at all times when in the school. Adults not wearing proper identification will be directed to the school office.

## **Signing In and Out:**

Please sign in and out of the school when you volunteer. There is a sign in sheet when you enter the office.

## **In Line of Sight:**

Sandwich School District procedures expect all volunteers shall operate under the direction of a certified teacher and with the “in line of sight” of a certified teacher or paraprofessional while working with students. This applies to parents as well as non-parent volunteers and is for the safety of students, staff and volunteers.

## **Confidentiality:**

Volunteers must protect the teachers’ and students’ right to privacy. You may not disclose school information or personal matters which you may have overheard. Discuss student problems or concerns only with the teacher or principal. Do not contact other parents on issues with specific students and learning that you may have observed while volunteering in the classroom.

**Professionalism:**

Although the job is voluntary, the commitment is professional. Please demonstrate mutual respect, integrity, flexible and willing to work with all students.

**Dependability and Punctuality:**

When volunteering, remember teachers and students will be depending on you to be in the classroom when you commit and be on time. If you are unable to keep your volunteer time, please call the school in time so other plans can be made for the classroom.

**District Rights:**

At all times, Sandwich CUSD #430 reserves the right to assign or remove volunteers from specific duties.

Volunteers must keep information you learn about students confidential. A comment made can create problems for the student, the teacher, the family and the volunteer program. If you do have questions or concerns, talk with the building principal. Any volunteers that breach this confidentiality will be dismissed.

I understand that as a volunteer working with children that any action inconsistent with the information outlined in the Volunteer Informational Packet may result in my removal as a volunteer in Sandwich CUSD #430. I agree to follow and comply with the abused and neglected child reporting & hazing policy (5:90)

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Volunteer's Signature

Date

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Printed Name

**SANDWICH COMMUNITY UNIT SCHOOL DISTRICT #430  
VOLUNTEER APPLICATION**

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

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

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

Contact #: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Personal References (list two - cannot be relatives): 1) \_\_\_\_\_

Contact #: \_\_\_\_\_ 2) \_\_\_\_\_ Contact #: \_\_\_\_\_

Association to Personal Reference: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Educational Background: \_\_\_\_\_

Driver's License / State ID # \_\_\_\_\_

Children in District (name, grade & school): \_\_\_\_\_

Thank you for applying to volunteer. Your application will be reviewed and we will contact you for additional information, if necessary. If you are not contacted, please know your application has been approved.

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**For Office use only**

\_\_\_\_\_ Illinois State Police Sex Offender Web Page <http://www.isp.state.il.us/sor/> researched and applicant not listed.

\_\_\_\_\_ Youth Murderer Web Page <http://www.isp.state.il.us/cmvo/> researched and applicant not listed.

Applicant approved to volunteer: YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_ **Copy to District Office:**

09/17/18