



Volunteer Application (revised 3/29/11)

Thank you for your interest in volunteering in the District of Columbia Public Schools (DCPS). Each year, thousands of motivated individuals like you use their skills, resources and knowledge to impact student achievement in DCPS.

Volunteer Application Processing & Fingerprinting Hours: Tuesdays and Thursdays, 9 a.m. – 3:30 p.m., or by appointment

Bring the below documents to the Volunteer Coordinator at 1200 First Street NE, 12th Floor, Washington, DC 20002. After your application is approved, you will be directed to our fingerprinting office.

1. Tuberculosis (TB) Verification (provided by applicant, taken within one year of the application date)
2. Completed DCPS Volunteer Application
3. State issued photo identification (example: passport, drivers license, government ID)

You will receive a verification letter at the address listed on your application in approximately 5 – 10 business days after completing fingerprinting. Bring the verification letter to your school as proof of clearance. If we can be of any further assistance, please contact the Volunteer Coordinator at dcpsvolunteers@dc.gov or 202-442-5447.

Additional forms and information are available at <http://www.dcps.dc.gov/DCPS/volunteer>

Middle and high school students: Do not complete this volunteer application. Please download or request a “[student volunteer application](#).”

If you have an active federal security clearance: Please download or request a “[federal security clearance verification form](#)” and submit it with your application in lieu of the fingerprinting requirement.

Groups of 20 or more volunteers: Please contact the fingerprinting office at 202-442-5043 to inquire about scheduling a fingerprinting session at your location.

A volunteer clearance is valid for 2 years. The criminal background investigation code set by the District of Columbia states: “Background checks shall be conducted for all DCPS employees/unsupervised volunteers at least every two years.” Volunteers must comply with this code and make immediate disclosure in writing to DCPS of any arrests or convictions.

Volunteer Statement of Commitment

(Retain for your records)

As a volunteer working in the District of Columbia Public Schools (DCPS), I agree to:

- Sign In and Out at the designated place during each visit.
- Identity myself as a volunteer. Receive and wear a badge or nametag provided by the front office to ensure school safety. This will ensure that you are acknowledged as a contributing member of the school team during your volunteer time.
- Attend a volunteer orientation when they are offered to become familiar with DCPS policies, procedures and best practices.
- Honor the commitment to work as scheduled. **If you have a child in DCPS, please do not use your volunteer time to speak to your child’s teacher or other staff members about your child.** Schedule an appointment to address concerns related to your child.
- Notify the DCPS representative assigned to work with me if I must be absent from a volunteer commitment.
- Abide by all the school rules and DCPS policies and regulations that are applicable to me.
- Maintain the confidentiality of any information I learn during volunteer work. When you discuss student needs with teachers, you may learn some personal information. Such information must remain confidential and must not be discussed, except with appropriate staff members as needed.
- Inform appropriate staff members (teachers, school counselor and school principal) **if I suspect or learn that a child is in danger or exposed to any type of abuse or neglect.**

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Criminal Background Check Fingerprinting Authorization, Affirmation, and Disclosure Form

Personal Information

Name:

(Last)

(First)

(Middle)

Maiden and/or Prior Name(s):

Address:

City:

State:

Zip Code:

Telephone:

Email:

Check: ☐ New Hire ☐ Promotion ☐ Volunteer ☐ Substitute ☐ Summer ☐ Other

Position Title:

Grade:

Effective Date:

School/Office:

Criminal Background Information – *You must answer each question in this section before we can process your application*

When answering the following questions you may omit: (1) any violation of law committed before your 18th birthday, if finally decided in juvenile court; (2) any conviction, the record of which was expunged under federal, state, or local law.

YOU MUST LIST ALL OTHER CONVICTIONS FOR ANY CRIMINAL OFFENSES.

We will consider the date, facts, and circumstances of each event you list.

1. **Convictions:** Have you ever (except as stated above) been convicted of any criminal offense? ☐ Yes ☐ No

If "Yes" continue to Question 2. If "No" continue to Question 5.

2. **Explanation of Convictions:** Please give the following details for each conviction: (date of offense, charge(s) you were convicted of, place of violation, sentence/incarceration length, any additional information necessary):

3. **Probation/Parole/Supervised Release:** Are you currently on probation, supervised/unsupervised release from prison, or parole?

☐ Yes ☐ No *If "Yes" please state: (1) start/end dates; (2) conditions of probation/release/parole.*

Criminal Background Check *(continued)*

1. **Pardons**: If you received a pardon(s) for one or more of your criminal convictions, review the law concerning pardons in the state where you received your pardon. Some states do not expunge at a conviction even if it you have received a pardon for it. If you have been pardoned for an offense but it has not been expunged, list the offense.

2. **Pending Criminal Charges**: Do you currently have any pending criminal charge(s)/case(s) against you (no time limitation)? ☐ Yes
☐ No

If "Yes", please list the charges below.

United States Armed Services

Have you ever been discharged from the Armed Services under other than Honorable conditions? ☐ Yes ☐ No

If "Yes," please provide the following details: date of offense, charge(s) you were convicted of, place of violation, sentence/incarceration length, any additional information necessary.

Criminal Background Check Affirmation

Please read the listed offenses and then circle the appropriate declarations in the next section.

- (1) Murder, attempted murder, manslaughter, or arson;
- (2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
- (3) Burglary;
- (4) Robbery;
- (5) Kidnapping;
- (6) Illegal use or possession of a firearm;
- (7) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;
- (8) Child abuse or cruelty to children; or
- (9) Unlawful distribution of or possession with intent to distribute a controlled substance.

DIRECTIONS: CIRCLE ONE DECLARATION TO COMPLETE AND AFFIRM EACH STATEMENT

- | | |
|----------------------------|---|
| I have / I have not | been convicted of any of the above listed offenses or their equivalent either in the District of Columbia, or in any other state or territory. |
| I have/ I have not | pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory. |
| I am / I am not | on probation before judgment or placed upon a stet docket for a case involving any of the felony offenses listed above. |
| I have / I have not | been found not guilty by reason of insanity for any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory. |

AFFIRMATION

I hereby affirm my responsive declaration to each statement on this Affirmation form.

Signature

Date

Printed Name

Acknowledgment of Receipt

I have been informed that the District of Columbia Public Schools is authorized to conduct a criminal background check on me and may choose to deny employment or a volunteer position to me, or terminate my employment or volunteer position, based on the outcome of the criminal background check. I have been informed of my right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of that report.

Signature

Date

Certification and Authorization of Criminal Background Check

I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Code § 1-661.51 *et seq.* (2001) and D.C. Mun. Regs. §§ 405.8 and 407.1). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Code § 22-2405 *et seq.* (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

I hereby authorize the District of Columbia Public Schools to conduct a criminal background check.

Signature

Date

FOR OFFICIAL USE ONLY

EMPLOYEE/APPLICANT/VOLUNTEER _____

Reported for Finger Printing on: ____/____/____

Staffing Specialist/Volunteer Coordinator Authorization:

Print Name: _____ Signature: _____
Staffing Specialist/Volunteer Coordinator Staffing Specialist/Volunteer Coordinator

Fingerprinting Authorization:

Print Name: _____ Signature: _____
Fingerprinting Technician Fingerprinting Technician



Volunteer Placement Information

DCPS School Name _____

Referred by (individual or organization name): _____

Type of applicant (circle one): Community Volunteer Parent Volunteer UELIP Intern Other: _____

If you are a parent, please list the DC Public Schools school(s) your child/children attend:

Acknowledgment of Risks, Assumption of Risks, and Release/Waiver Agreement for DCPS Volunteer Activities

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

I acknowledge and agree as follows:

1. I have read and will abide by the **Volunteer Statement of Commitment**.
2. That I must sign the District of Columbia Public Schools' (DCPS) Acknowledgement of Risks, Assumption of Risks, and Release/Waiver Agreement before participating in the DCPS volunteer activity listed above.
3. That if I am the parent or legal guardian of a child under 18, I must sign a separate Acknowledgement of Risks, Assumption of Risks, and Release/ Waiver Agreement for the child before they can participate in the volunteer activity listed above.
4. That some of the activities include risks that may cause or lead to injuries to volunteers. I understand that DCPS staff, employees or other personnel cannot assure volunteers' safety or eliminate these risks. I am voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for the risks of this activity (both known and unknown), and for any injury, damage, or other loss suffered by me, resulting from those risks.
5. That I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.
6. That I will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability.
7. That I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely.
8. That I am volunteering my services for the activity listed above on a voluntary basis without anticipation of payment or compensation of any kind.
9. That I agree to release and not to sue DCPS in regard to all claims, liabilities, suits, or expenses (hereafter collectively claim or claims), including claims caused or alleged to be caused by the negligence of DCPS, for any injury, damage, or other loss to me in any way connected with my participation in this activity, or my use of DCPS equipment or facilities. I understand that I agree to waive all claims I may have against DCPS, and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against DCPS.
10. That I hereby agree to discharge, indemnify and hold harmless, DCPS, all sponsors, and participating volunteer organizations, and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of the activity listed above.
11. That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as an employee of DCPS or their sponsors, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from DCPS or their sponsors, nor will I make such claim.
12. That I have carefully read, understand and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

Name (Print): _____ Signature: _____ Date: _____

Emergency Contact Name/Phone Number: _____