

Londonderry School District
268c Mammoth Road
Londonderry, NH 03053

VOLUNTEER APPLICATION FORM

THE FOLLOWING INFORMATION IS REQUESTED TO HELP US COORDINATE VOLUNTEER SERVICES AND TO ENSURE STUDENT SAFETY.

Full Name: _____
Permanent Address: _____
Telephone: _____ E-mail Address: _____
Date of Birth (required for background check): _____
Area(s) of interest for volunteering: _____
Children in [name of school] (names and grades):

List any education, training, or experiences you have had which would help us in meeting the needs of our students:

References: List three persons who can comment on your character and abilities whom we may contact.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND:

The following information is asked of all individuals who volunteer to work with our children to help insure the safety of our students.

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes No

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes No

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes No

If you answered YES to any of the previous questions, provide full details below, including with respect to court actions, the date, offense in question, and the address of the court involved (attach additional page(s) if necessary).

If you have lived outside of New Hampshire, please identify the states and dates:

Refusal to provide authorization for reference and/or criminal records checks (if required) and/or providing false or misleading information on this application shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer in the Londonderry School District.

I understand that the Londonderry School District conducts criminal records checks on designated volunteers (and that I will have to complete additional paperwork if a criminal records check is required). I authorize persons and entities contacted by the School Department in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school department, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement and attend a Volunteer Orientation.

Applicant Signature

Date

OFFICE USE ONLY

_____ Application reviewed for completeness

_____ References checked (attach documentation)

_____ Criminal record checked (attach documentation) OR _____ Criminal record check not required for volunteer position.

LONDONDERRY SCHOOL BOARD

Adopted: August 25, 2015

**Londonderry School District
268C Mammoth Road
Londonderry, NH 03053**

VOLUNTEER AGREEMENT FORM

I understand that as a volunteer in the Londonderry School District that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the Londonderry School District.

Signature of Volunteer

Date

LONDONDERRY SCHOOL BOARD

Adopted: August 25, 2015



Londonderry School District
268C Mammoth Road
Londonderry, NH 03053

CONFIDENTIALITY REQUIREMENT

The undersigned employee/volunteer/substitute of the Londonderry School District hereby acknowledges that all personally identifiable student information shall be kept confidential in accordance with the requirement of the Family Educational Privacy Act (FERPA). Specifically, all personally identifiable student information obtained from student records, observations, student work product, or by any other means, shall only be shared with parents of the student in question, other individuals with appropriate written authorization, or with other school officials that have a legitimate educational interest in such information. If the undersigned employee/volunteer/substitute has any question as to whether or not such information may be shared in accordance with this requirement, it is incumbent upon the employee/volunteer/substitute to seek the assistance of his/her immediate supervisor. Violation of this Confidentiality Requirement may result in discipline, up to and including termination or disqualification from continued service with the Londonderry School District.

Signature

Date

Print

LONDONDERRY SCHOOL BOARD
Adopted: June 1, 2004

Instructions for Livescan Fingerprinting

- Call **(603) 223-3867** and ask to be scheduled for an applicant fingerprinting. Please inform Theresa with the date and time of your appointment when you arrive at the District Office with your completed documents from online.
- Complete the following highlighted areas only on the Criminal Record Release Authorization Form and bring it to the District Office to be notarized. **Please do not sign it until the Notary is present.** You will need this notarized form to bring to the DMV.
- **By Appointment Only:** You must arrive 10 minutes prior to your scheduled time. Arriving more than 10 minutes late will require you to reschedule. Expect the process to take approximately 20 minutes. A 24-hour notice is required for all cancellations.
- **Two Locations:**

Department of Safety Building	Manchester DMV Substation
377 South Willow Street	33 Hazen Drive/ First Floor, Rm 124
Manchester, NH 03103	Concord, NH 03305
- **Hours of operation for both locations:**
 - Monday – Friday 8:30 a.m. to 3:30 p.m.
- **Required Documents:**
 - **Photo identification** (*If the volunteer/employee is under the age of 18 and does not have a driver's license, they need to bring their school I.D. that has a picture on it, as well as, a birth certificate or passport. The school I.D. alone is not sufficient.*)
 - **Completed Criminal Record Release Authorization Form.** (This will be notarized at the Londonderry School District Office.)
- **Payment:**
 - Check or Money Order: \$49.75 for Employees and \$33.50 for Volunteers and Interns
 - (Credit Cards only accepted at the Concord location)

Volunteers, Coaches: Please submit your receipt to the District Office for reimbursement.

Questions: Theresa Bertrand @ 432-6920 X1101



New Hampshire Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD RELEASE FORM

SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK – RSA 189:13-A

I hereby authorize the New Hampshire Department of Safety, Division of State Police to release whether or not I have been convicted of any offenses pursuant to RSA 189:13-a. This information shall be released to the authorized representative of an employing school administrative unit, school district, chartered public school, public academy, non-public school, or other person to receive Criminal History Record response.

CHRI RELEASED TO:
Londonderry NH School District
 Name of SAU
Nathan Greenberg, Superintendent of Schools
 Name of Individual and Title
268C Mammoth Rd., Londonderry, NH 03053
 Address

SAU # 12
Employee
Volunteer

CHRI TO BE REQUESTED ON:

Name: _____
 LAST (MAIDEN) FIRST MI

Address: _____
 STREET CITY STATE ZIP

Date of Birth: ____ / ____ / ____ **Social Security # (optional):** ____ / ____ / ____

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: _____ **Date:** ____ / ____ / ____

Notary's Signature: _____ **Date:** ____ / ____ / ____
 (Affix seal)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Fees:

NHSP LIVESCAN FEES: \$49.75 for Employees and \$33.50 for Volunteers

Make checks payable to: State of NH – Criminal Records