

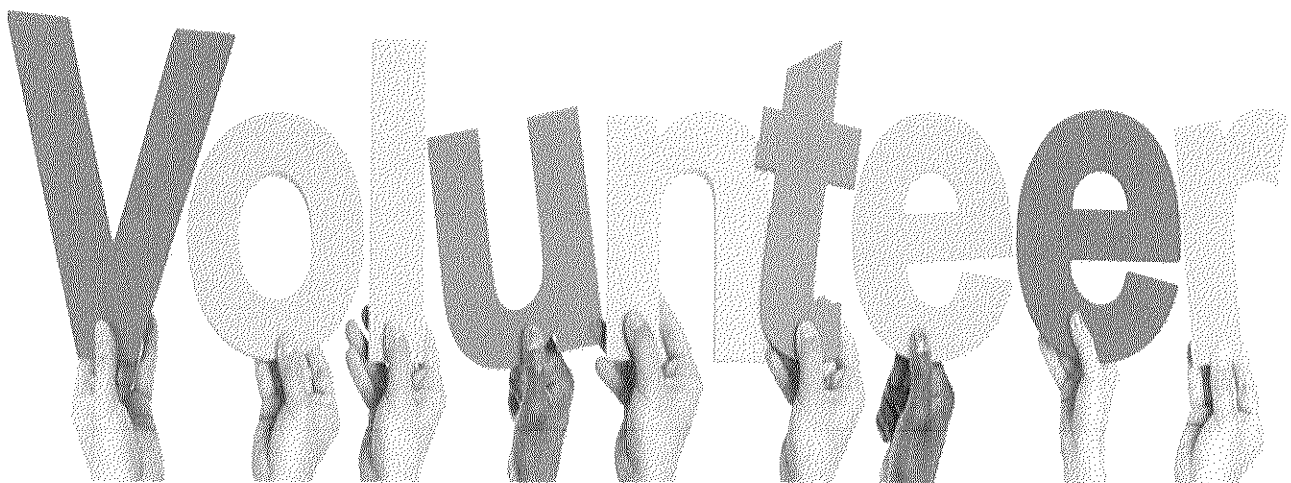
Gary Community School Corporation  
Doing What Is Best for Students - Today - Tomorrow - Everyday

# VOLUNTEER PACKET

2019-2020 School Year

## *Volunteers Can*

- Help guide the academic , social and emotional well being of students !*
  - Play an important role in students achievement!*
  - Offer many powerful resources to the school , community*
  - Serve as positive role models within the school community !*





# Gary Community School Corporation

*Doing What Is Best For Students - Today - Tomorrow - Everyday*

**Dr. Pete Morikis**

1988 Polk St. Gary, IN 46407

Dear Gary Community School Corporation Volunteer,

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On behalf of the Gary Community School Corporation, the Administration, Board of School Trustees, and our employees thank you for donating your time, talent, and effort in support of nearly 7,000 students we educate every school day.



We call our volunteers champions and here's why. Every child deserves a champion: the adult who will never- give up on them, who understands the power of connection and insists they become the best they can possibly be. That's You!

Now more than ever volunteerism is needed to help mold our students into upstanding citizens that will improve their community, touch our country and impact their world.

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Be certain that you are appreciated and you are welcome in the halls of the Gary Community Schools.

Dr. Pete Morikis



## **VOLUNTEERS | A GIFT TO THE COMMUNITY SCHOOL YEAR 2019-2020**

### **VOLUNTEERS IN THE DISTRICT**

#### **What You Should Know**

**Gary Community School Corporation | Dr. Pete Morikis**

##### **Volunteers Can:**

- >- Help guide the academic, social, and emotional well-being of students.
- >- Play an important role in student achievement.
- >- Offer many powerful resources to the school community.
- >- Serve as positive role models within the school community.

##### **Volunteering for the Gary Community School Corporation:**

- >- Our district has many volunteer programs (One Church One School, DPAC, and DADS coaching/sports, tutoring, mentoring, school committees, school library, school office, helping students with math/reading, computer).
- >- All volunteers must review the volunteer Expectations and Restrictions in the Volunteer Application Packet and follow all volunteer clearance procedures.

**Anyone interested in volunteering more than one hour per week on a recurrent basis must follow the steps below:**

**STEP ONE | Complete Volunteer Application Packet and sign Consent Agreement**

**STEP TWO | Complete and sign a Limited Criminal Background History Authorization and Release Form**

**STEP THREE | Complete a T.B. Test Medical Verification Form**

**STEP FOUR | Submit volunteer application packet and all forms along with copy of your I.D. to FACE Liaison or principal. Attend Districtwide Volunteer training.**

**\*Please make sure all Documents have been signed by each Principal of the school in which you are requesting to volunteer before you submit your application.**

**THANK YOU FOR YOUR SUPPORT**

Visit the FACE Center to speak with your FACE Liaison if you have any question or call our |District Level Contact Mrs. Foster at (219) 881-5466

**\*Note: All forms must be returned back to Mrs. Tennille Foster  
At 1988 Polk St. Gary, In 46407**



**Gary Community School Corporation**  
*Doing What Is Best For Students - Today - Tomorrow - Everyday*

## **VOLUNTEERS | A GIFT TO THE COMMUNITY** **SCHOOL YEAR 2019-2020**

### **GARY COMMUNITY SCHOOL CORPORATION**

**Dr. Pete Morikis**

Complete and submit **Volunteer Application Packet** and sign the **Consent Agreement**.

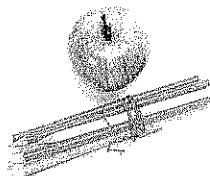
Complete and submit **Limited Criminal Background History Authorization and Release Form** for security clearance.

Complete and submit for approval (by medical personnel) **T.B. Test Medical Verification Form**.

Submit Volunteer Application Packet and all attached forms to the FACE Liaison or Central Office (1988 Polk St.) to Mrs. Foster.

Attend a Districtwide Volunteer Training Workshop

All forms must be signed by each principal in which you are requesting to volunteer. In approximately **two weeks** of your application the building principal or Mrs. Foster, Districtwide FACE Coordinator will contact applicant regarding approval process.



# GARY COMMUNITY SCHOOL CORPORATION

## PRESCHOOL

Bethune Early Childhood Development Center  
2367 E. 21<sup>st</sup> Ave.  
Gary, IN 46407  
219-886-6542

## ELEMENTARY SCHOOLS

Bailly Preparatory Academy  
4621 Georgia Street  
Gary, IN 46409

Phone: 219-980-6326

Banneker@ Marquette  
Elementary School  
6401 Hemlock Avenue  
Gary, IN 46403

Phone: 219-321-8545

Beveridge Elementary School  
1234 Cleveland Street  
Gary, IN 46404

Phone: 219-321-8546

Daniel Hale Williams Elementary  
School  
1320 E. 19<sup>th</sup> Ave.  
Gary, IN 46407

Phone: 219-881-3600

Frankie W McCullough Academy  
For Girls  
3757 W. 21<sup>st</sup> Ave.  
Gary, IN 46404

Phone: 219-944-7301

Fax: 219-944-4865

Glen Park Academy For  
Excellence In Learning  
5002 Madison Street  
Gary, IN 46408

Phone: 219-318-2800

## SECONDARY SCHOOLS

Gary Middle School  
301 Parke St.  
Gary, In 46403  
219-321-8547

Gary Area Career Center  
1800 East 35<sup>th</sup> Avenue  
Gary, IN 46409

Phone: 219-962-7571

Fax: 219-962-6269

West Side Leadership Academy  
9<sup>th</sup> & Gerry Street  
Gary, IN 46406  
219-413-9870

# GARY COMMUNITY SCHOOL CORPORATION

## VOLUNTEER APPLICATION

Gary Community School Corporation Board Policy 229: A volunteer is defined as someone who is in a building on a recurrent basis (more than one (1) hour per week).

### PERSONAL INFORMATION

DATE \_\_\_\_\_

Name \_\_\_\_\_  M  F  
Last First Middle

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone | Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY CONTACT (Someone other than a person living in your home)

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Interests / Skills / Hobbies

List any interests / skills / hobbies \_\_\_\_\_

### LANGUAGE(S)

Do you speak any languages(s) other than English?

( ) Yes ( ) No *If yes, list the languages(s)* \_\_\_\_\_

### HEALTH

Do you have any condition(s) or restriction(s) that limit your ability to perform as a volunteer?

( ) Yes ( ) No *If yes, please explain* \_\_\_\_\_

### VOLUNTEER AFFILIATION

Parent  Guardian / Foster Parent  Grandparent  PTA / PTSA

Child's School \_\_\_\_\_

Retiree  Business Partner \_\_\_\_\_  Community Organization \_\_\_\_\_

Faith-based Organization \_\_\_\_\_  University \_\_\_\_\_  Other \_\_\_\_\_

### VOLUNTEER PLACEMENT REQUEST

Grade Preferences  Pre-K  K-2  3-5  6-8  9-12  Athletics \_\_\_\_\_

School Preference(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

# GARY COMMUNITY SCHOOL CORPORATION

## VOLUNTEER APPLICATION

VOLUNTEER JOB PREFERENCE(S)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Coaching /Sports    | <input type="checkbox"/> Library               | <input type="checkbox"/> Working With Small Groups        |
| <input type="checkbox"/> Tutoring            | <input type="checkbox"/> School Office         | <input type="checkbox"/> Working with individual students |
| <input type="checkbox"/> Mentoring           | <input type="checkbox"/> Classroom             | <input type="checkbox"/> Developing Parent Activities     |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Math/Reading          | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> School Committees   | <input type="checkbox"/> Special Needs Student | <input type="checkbox"/> Other _____                      |

Day(s) and Time(s) Available

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME					

Total Number of hour's weekly \_\_\_\_\_

CRIMINAL HISTORY

1. Have you ever been arrested for or convicted of a crime involving child neglect, child abuse or sexual misconduct with a child? ( ) Yes ( ) No  
If yes, please explain the circumstances surrounding the arrest/conviction  
\_\_\_\_\_
2. Have you ever been investigated for, charged with plead guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor? ( ) Yes ( ) No
3. Have you ever been charged with a crime other than a minor traffic offense? ( ) Yes ( ) No
4. Have you ever been convicted of a crime other than a minor traffic offense? ( ) Yes ( ) No
5. Within the last five (5) years, have you been convicted of the sale or possession of drugs, drug paraphernalia or other drug related offenses? ( ) Yes ( ) No  
Within the last five (5) years, have you been convicted of assault, battery, or other violent crime?  
( ) Yes ( ) No
7. Have you ever been disciplined in or discharged from any paid employment or volunteer position because of a complaint made against you involving child neglect, child abuse or sexual misconduct with a child? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

**REFERENCE (non relative)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Relationship To You \_\_\_\_\_

# GARY COMMUNITY SCHOOL CORPORATION

## VOLUNTEER CONSENT AGREEMENT

I certify that all statements I have provided on this application are true, complete and correct understand that any false or misleading information furnished by me on this application or in connection with this application may result in rejection of the application or if accepted as a volunteer, in the termination of my service.

I *have* read and understood all components of the **Volunteer Application Packet**. I understand that I must submit a completed application which includes the following materials:

(1) Volunteer Application (2) Criminal Background History Authorization and Release Form with copy of I.D and (3) T.B. Test Medical Verification Form. I also understand that the reference listed on my application may be contacted prior to my being placed as a volunteer.

I **agree** that as a volunteer I will:

- > Wearing my volunteer badge/tag and stay visible at all times in my assigned location.
- > Arrive on time on days I am scheduled to volunteer.
- > Wearing appropriate clothing which adheres to the dress code of the District including removing hats in buildings.
- > Not wearing earrings as a male volunteer.
- > Model appropriate conduct and use appropriate language/ tone.
- > Turn off my cell phone and not text message.
- > Not smoking/bring weapons/drugs or alcohol on school premises.
- > Not discipline students but rather, seek the aid of appropriate school personnel.
- > Maintain student's confidentiality.
- > Report all injuries and accidents immediately to the teacher/office.
- > Upon arrival of volunteer status, review/discuss Volunteer Handbook with principal.
- > Not teach any religious doctrines or beliefs.
- > Not give medications or medical treatment to any student.
- > Not serve in the capacity of a volunteer until I receive written approval notice from the building principal.

By signing this consent agreement, I will abide by the policies, procedures, guidelines, obligations and restrictions of volunteering in the District. I recognize that if I fail to abide by volunteer policies, the Gary Community School Corporation reserves the right to remove me anytime as a volunteer for any or no reason.

I take full responsibility for actions while serving as a volunteer in a school related activity and indemnify the Gary Community School Corporation against any and all responsibility and legal action due to my conduct. Further, I waive all rights to hold the District liable for any injuries or harm I sustain while serving as a volunteer. I am volunteering at my own risk and indemnify the Gary Community School Corporation from any and all claims.

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Volunteer Applicant's Signature

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Date

SIGNED VOLUNTEER APPLICATION IS KEPT ON FILE WITH THE BUILDING PRINCIPAL and District Coordinator; SHOULD BE AVAILABLE UPON REQUEST.



# GARY COMMUNITY SCHOOL CORPORATION

## VOLUNTEER CRIMINAL BACKGROUND HISTORY

### AUTHORIZATION AND RELEASE FORM

I authorize the Gary Community School Corporation authorized personnel to seek release of investigatory information including a criminal history possessed by any local, state or federal agency. I authorize these local, state or federal agencies to provide the Gary Community School Corporation any information they release concerning the matters described herein.

I expressly waive in connection with such request for such information any claims, causes or actions against the Gary Community School Corporation, its officials, employees or agents or against any provider of such information

Name (Printed)	Date
Name (Signature)	SSN
Address	Birth Date
City State Zip	I request to volunteer at (School)
Telephone Number(s)	Race

Have you ever been convicted of a **felony?** ( ) Yes ( ) No      Gender: ( ) Female ( ) Male

**Note:** All requests to volunteer in a school within the Gary Community School Corporation, requires the approval of that school's building principal.

**Authorization Is Being ( ) Denied ( ) Granted**

Signature of Building Principal	Date
Signature of Building Principal	Date

#### REPORT RESULTS

A limited search of the criminal history record for \_\_\_\_\_  
 Has Revealed ( ) Passed ( ) Failed

Security Investigator \_\_\_\_\_ Date \_\_\_\_\_

**All new and recurrent volunteers must complete a new form each school year**

Forms forwarded to: Mrs. T. Foster, Districtwide FACE Coordinator  
 reports results to:

( ) Program Associate - Community & Parent Involvement    ( ) Human Resources    ( ) Superintendent

# GARY COMMUNITY SCHOOL CORPORATION VOLUNTEER T.B. TEST | MEDICAL VERIFICATION FORM

Verification is only valid if test was done within the previous twelve (12) months.

This person represents no T.B. hazard at this time and has had a negative skin test and/or chest x-ray within the previous twelve (12) month period.

T.B. TEST (Check One)

\_\_\_\_\_ NEGATIVE

\_\_\_\_\_ POSITIVE

If positive, chest x-ray result \_\_\_\_\_

Date administered \_\_\_\_\_

*Signature*

\_\_\_\_\_  
Physician/ Gary Community School Corporation Nurse

\_\_\_\_\_  
Date

OFFICE USE ONLY

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

This form must be completed each school year and kept on  
file in the principal's/administrator's office.

**THIS FORM MUST BE TURNED BEFORE YOU CAN VOLUNTEER.**

T.B. TEST MEDICAL VERIFICATION FORM MUST BE COMPLETED EACH SCHOOL YEAR.  
IT IS KEPT ON FILE WITH THE BUILDING PRINCIPAL; SHOULD BE AVAILABLE UPON REQUEST.