



OWEN COUNTY SCHOOLS BOARD OF EDUCATION

1600 Hwy 22 East
Owenton, KY 40359
Phone (502) 484-3934
Fax (502) 484-9095

Our mission at Owen County Schools is to provide opportunities and resources where all students will develop perseverance and a passion for life-long learning in a safe and supportive educational environment

Volunteer/Chaperone Background Check Packet

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Becky Mefford

On behalf of the Owen County School System, I extend a big **THANK YOU** for your willingness and interest to volunteer! You are a valuable resource and we appreciate your time and talents and look forward to working with you! Please let me know if there is anything we can do to help you help our students!

Volunteer Background checks must be completed **annually** (valid for one calendar year from the date received). Below is a list of what needs to be completed and returned for anyone interested in working with or around students, supervising children on field trips, volunteering in the schools, etc.

- Complete the Volunteer Application Form.
- Complete the Administrative Office of the Courts Criminal Background Check form (\$10.00 checks payable to the Owen County Board of Education).
- Read and sign the CONFIDENTIALITY of Student Information Form.
- Return all 3 forms plus your check to Becky Gibson (Office in Lower Elementary, or return to school secretary).
- Upon approval to volunteer, review the Volunteer Training Handbook posted on the school website, Parent tab, Volunteer tab.

Information and forms can be sent home through your child's teacher, emailed to you or printed from the Owen County School website under Parent tab then Volunteer tab. Please contact me at 502-484-4018 if you have any questions.

Have a great day!
Thank you,

Becky Gibson



Owen County Schools
VOLUNTEER APPLICATION FORM
(Please write legibly)

Social Security Number (Used for background check)

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Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Maiden or Alias Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Volunteer School(s)** _____

****Name of child/grandchild AND teacher/staff requesting check** _____

CONDITIONS OF COMMITMENT – As a volunteer, I agree to:

- Review Volunteer Training Handbook and upon approval to begin volunteering by the Superintendent or his designee abide by all school rules and Board of Education regulations & policies that apply to me
- Submit to a criminal record check and pay the \$10 state required fee (Check payable to Owen County Board of Education)
- Never discipline or counsel students
- Wear ID Badge if required, dress in an appropriate manner for my assignment, & only use my cell phone on my own time
- Supervise students as required, not just my own child/children
- Treat teachers, staff, students and other volunteers with respect
- Become familiar with safety and evacuation plans of the school
- Request to read and sign the Acceptable Use Policy before using school computers (must first receive Technology approval)
- Sign Confidentiality Form and maintain the confidentiality of teachers, staff and students at all times
- Discuss concerns with either the principal or teacher, not other volunteers
- Schedule days and times to volunteer and honor my commitment to work as scheduled
- Notify my designated school/supervisor in advance if I must be absent from a scheduled commitment
- Sign In/Out daily to document time in the Volunteer Binder located at each office
- Understand that data entry, handling of money, attendance and grading papers is solely the responsibility of the teacher

The Owen County Board of Education reserves the right to deny a volunteer based upon knowledge of any offense that demonstrates a risk to students. NO CONSIDERATION will be given to any volunteer applicant who has a conviction for the following offenses:

- Any felony conviction
- Any drug conviction within the past five (5) years; or more than one (1) drug conviction, one (1) of which has been in the past ten (10) years.
- Any weapons violation
- Any sex related crime
- Harassment
- Assault; criminal abuse
- Unlawful transaction with a minor; endangering a minor; offense with or to a minor
- Any pending criminal charges

CONFIDENTIALITY

I understand that any information concerning any teachers or students is to remain confidential and not to be discussed outside of the school. I understand that if there is a problem, I need to discuss it with my assigned supervisor or the school principal.

I have read the volunteer training handbook and agree to the conditions outlined. I understand that by signing this form, and paying the \$10 fee, I am giving permission to Owen County Schools to run a Criminal Background Check on me.

VOLUNTEER SIGNATURE _____ **DATE** _____

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a ^{10.00}~~25.00~~ fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a ^{10.00}~~25.00~~ fee (check or money order).

Over Board of Education
Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature _____

Date _____

Company _____

E-mail address _____

Requestor/Contact Person _____

Telephone Number _____

Address _____

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) _____

City, State, Zip _____

NOTICE OF CONFIDENTIALITY OF STUDENT INFORMATION

I hereby acknowledge that in my capacity as a volunteer for the Owen County Board of Education, I will have access to certain information relative to student enrollment in the Owen County Schools. I understand that I am prohibited from disclosing information from a student's education records to other schools, or district, staff members, or others who are not directly involved in the student's education. Such information may be disclosed to those school district officials who need the information for purposes of auditing, enforcing or monitoring compliance with federal or state legal requirements. Such disclosures of information is regulated by the Family Educational Rights and Privacy Act, the Kentucky Family Educational Rights and Privacy Act Regulations applicable to records of special education students.

Print Name: _____

Signature: _____ Date: ____/____/____