



PEEKSKILL CITY SCHOOL DISTRICT

Our Mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.

VOLUNTEERS APPLICATION PACKET



Volunteer Applications Required Each School Year



Peekskill City School District

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David Mauricio, Ed.D.
Superintendent of Schools

Administration Center, 1031 Elm Street, Peekskill, NY 10566-3499
(914) 737-3300 ext. 1531 FAX: (914) 737-3912
E-mail: dmauricio@peekskillschools.org

Peekskill City School District

Dear Potential Peekskill City School District Class Parent Volunteer,

Thank you for your interest in joining our team. I once read that volunteers do not necessarily have the time, but they *do* have the heart! We at the Peekskill City School District appreciate your generous gift of time and attention, and we thank you for helping our children grow as learners. Volunteers are truly one of a school's most precious resources.

As with most things in life, there is a bit of paperwork to get started. Please note that the following information is as much for your safety as it is for the safety of our students. Most of the wording contained in these forms is required specifically by law, so please let us know if anything appears unclear or confusing.

Once again, we thank you for making time for our students. I look forward to seeing you at our schools!

Sincerely,

David Mauricio, Ed.D.
Superintendent of Schools

Volunteer Application Procedures (Guest Lectures, Performing Artists, etc...)

1. All volunteers must complete a volunteer application packet which includes the following:

- Volunteer Application;
- Volunteer Statements affirming understanding of: Confidentiality, Discrimination and Prohibiting Harassment, Intimidation and Bullying laws and procedures;
- NYS Fingerprinting Application;
 - (One-time processing fee if over five (5) or more events in a school year);
- Volunteers must be Board of Education approved prior to beginning to volunteer.

2. Volunteer application packets must be renewed each year.

- Volunteer interests, availability and emergency contact information may change from year to year and should be current at each site where a volunteer works. PCSD screening will be done annually.

3. A copy of the volunteer packet must be on file with the Human Resource Department.

- A school receiving a volunteer's application packet should send a copy of the packet to Human Resources.

4. All volunteers, including one-time volunteers and visitors must:

- Sign in and out at their school/site location;
- For security purposes, ALL Volunteers when entering a school, will be asked to be screened by the district Raptor Visitor Management school security system;
- Wear identification badges during their volunteer activity or experience;
- Have valid license available for PCSD.

PEEKSKILL CITY SCHOOL DISTRICT

1031 ELM STREET
PEEKSKILL, NY 10566

APPLICATION FOR SCHOOL VOLUNTEERS

Volunteers are an integral part of our schools and we thank you for your interest and support of the students of the Peekskill community. Kindly complete this form and sign the attached Volunteer Statement Affirming Form

Name _____ Date _____

Address _____
(Street) (City/Town) (Zip Code)

Home Phone # _____ Cell Phone # _____

Email: _____

Emergency Contact _____
(Name) (Phone Number) (Relationship)

Have you been fingerprinted and cleared by the State Education Department after July 2, 2001?
() YES () NO If YES, please complete OSPRA 102 form along with application.

Have you ever volunteered or been previously employed by Peekskill City Schools? () YES () NO

If YES, please complete:

Position: _____ Location: _____ Dates: _____

PEEKSKILL CITY SCHOOL DISTRICT

MORAL CHARACTER

Please answer “Yes” or “No” to the following questions. If you answer “Yes” to any of the following questions 1 through 3, please set forth, on a separated piece of paper, detailed and truthful information concerning your response. Then, sign and date your response and place it in an envelope, which you should seal and staple to this application.

1. Have you ever been convicted of a crime (other than minor traffic violations)? () YES () NO
2. Are there any criminal charges pending against you for any offense (other than minor traffic violations)?
() YES () NO
3. Has the Family court or any other court ever rendered a finding indicating that you have abused or neglected a child?
() YES () NO

TO BE COMPLETED BY ADMINSTRATOR

Description of Volunteer Role:

(Administrator's Signature)

DATE

***Please send a copy to the Administrative Office (HR)**

VOLUNTEER STATEMENT AFFIRMING UNDERSTANDING

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a volunteer for the Peekskill City School District I will...

- respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization and keep personal information confidential at school and after I leave school.
- be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
- make reasonable efforts to assure that each student is protected from harassment or discrimination and I will not harass nor discriminate against any student, staff member or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.

I also understand that relationships developed with children at school should remain at school and that for the protection of both the student, staff and volunteer, **volunteers should not be left alone with a child that is out of view of school personnel.**

Volunteers are also reminded that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the Peekskill City School District cannot and will not grant this permission.

I acknowledge access of School Board policy and procedure [4532](#), Prohibition of Harassment, Intimidation and Bullying listed on the District's website. I understand it is my responsibility to read and understand all materials provided to me. I further understand I agree to comply with all district, state and federal laws.

If I have questions regarding any of the materials provided I understand I am to contact the District's Human Resources Department.

APPLICANT'S STATEMENT

I DECLARE AND AFFIRM THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE, COMPLETE AND CORRECT AND HAVE BEEN MADE BY ME IN ORDER TO VOLUNTEER IN THE PEEKSKILL CITY SCHOOL DISTRICT WITH KNOWLEDGE THAT THEY WILL BE RELIED UPON. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR I WILL BE UNABLE TO CONTINUE ACTIVITIES FOR WHICH I HAVE VOLUNTEERED. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

Signature: _____

Print: _____

Date: _____

BOE APPROVED [] DISAPPROVED [] DATE OF BOE AGENDA _____

***All applicants will be notified in writing if their application has been approval or denied ***



OSPRA 102 (1/03)

Clearance For Employment Request Form

Type or Print All Information

Office of School Personnel Review and Accountability

NYS Education Department
987 Education Building Annex
Albany, NY 12234
ph: (518) 473-2998 fax: (518) 473-8812
www.highered.nysed.gov/tcert/ospa
OSPRA@mail.nysed.gov

Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)	Social Security Number:	Date of Birth: (00/00/0000)	
Mailing Address	City	State	Zip

SECTION 2

(This section **MUST** be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."
- Make no other marks in the box below or the box to the right of this space.

OSPRA Processing Dates

Peekskill City School District
1031 Elm Street
Peekskill, NY 10566

(leave blank)

First 6 digits of school BEDS or CS-ID #:
Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:

661500

Title of position employee will be placed in:

Signature of employer representative or fingerprint contact person:

Date:

Telephone # of fingerprint contact person:

Joseph Mosey, Ed.D - Assistant Superintendent for Administrative Services

2020-2021

SECTION 3

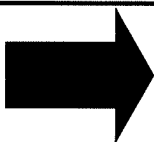
- I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
- I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. .
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer

Signature:

Date:

SECTION 4

Mail or fax
completed
OSPRA 102 to:



OSPRA
NYS Education Department
987 EBA
Albany, NY 12234
fax: (518) 473-8812