

**Chariho Regional School District
Volunteer Protocol**

The following information is provided to all chaperones. It is especially important to those who wish to chaperone field trips and to those who wish to volunteer in classrooms. Please sign and return the Acknowledgement Form. Your assistance is appreciated!

General Information

1. Volunteers must agree to an annual background check.
2. Volunteers must be at least twenty-one (21) years of age.
3. Volunteers must sign in and out of the school office and wear a visitor's identification badge.
4. Volunteers must give as much notice as possible when cancellation is necessary.

Field Trip Chaperones

1. Volunteers must attend a pre-trip orientation in which expectations are reviewed.
2. Boyfriends/Girlfriends of High School students may not chaperone.
3. Volunteers must address all issues of inappropriate student conduct and must continuously monitor their groups' activities. All issues of inappropriate student conduct must be brought to the attention of the teacher.
4. Volunteers must stay with their assigned group, including on the bus. Volunteers and teachers will be dispersed throughout the bus. Teachers will assign students to groups.
5. Guests or children of volunteers may not accompany volunteers on trips.
6. Volunteers must pay for tickets, etc.
7. All students must ride on the bus to and from field trip destinations.
8. Volunteers must be familiar with the Field Trip Policy, which may be found at <http://www.chariho.k12.ri.us/policy>.

Classroom Volunteers

1. All information is to be treated as confidential.
2. Volunteers work at the direction of the teacher.
3. Volunteers do not apply discipline in the classroom.
4. Any and all concerns must be brought to the attention of the teacher.
5. Siblings of volunteers may not accompany volunteers.
6. Distractions must be kept at a minimum. Cell phones should be silenced and not used when volunteering.

Volunteer Acknowledgement Form

I _____, acknowledge receipt of the Volunteer Protocol. I agree to follow these and other guidelines which may be provided.

Signature/Date

CHARIHO REGIONAL SCHOOL DISTRICT
BACKGROUND SCREENING

Charlestown School
363 Carolina Back Rd
Charlestown, RI 02813
Phone 401-364-7716
Fax 401-633-7078

Richmond School
190 Kingstown Rd
Wyoming, RI 02898
Phone 401-539-2441
Fax 401-633-7139

Ashaway School
12A Hillside Ave
Ashaway, RI 02804
Phone 401-377-2211
Fax 401-633-6208

Hope Valley School
15 Thelma Dr.
Hope Valley, RI 02832
Phone 401-539-2321
Fax 401-633-7099

Chariho Middle School
455B Switch Rd
Wood River Jct, RI 02894
Phone 401-364-0651
Fax 401-223-4925

Chariho High School
453 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-7778
Fax 401-415-0436

Career & Technical Center
459 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-6869
Fax 401-223-9623

RYSE School
455C Switch Rd
Wood River Jct, RI 02894
Phone 401-315-2880
Fax 401-223-9651

To Whom It May Concern:

I would like to volunteer with the Chariho Regional School District. I authorize the Chariho Regional School District on my behalf to examine any and all court, criminal, and/or police records, but not limited to Rhode Island Bureau of Criminal Identification records that pertain to me and to transmit the findings to the Superintendent of Schools or his designee.

Please Print Clearly:

Last First MI Maiden Name

Street City State Zip

Phone Number Social Security Number

Email Address

Driver's license # State

Height Weight Eye Color

Child's Last Name First Name

School (Circle) High Middle Charlestown Richmond Ashaway Hope Valley

(Signature must be witnessed by Notary)

Signature of Applicant

(One form of photo identification copied and attached)

Subscribed and sworn to before me this day of , 201 AD, at Richmond, Rhode Island.

Notary Public

My commission expires

