



# DINWIDDIE COUNTY PUBLIC SCHOOLS

## VOLUNTEER RESPONSIBILITY CHECKLIST

**PLEASE COMPLETE ALL DOCUMENTS LISTED BELOW UNLESS OTHERWISE INSTRUCTED.**

- Print this document and all other documents listed under Required Volunteer Documents.
- All forms must be completed and turned in to the Human Resources Office prior to volunteering at Dinwiddie County Public Schools.
- If you do not have access to a printer, you may complete the forms, save to a flash drive and bring to the Human Resources office or schedule an appointment to complete your forms at the Human Resources office.
- The Human Resources Office is located in the Pamplin Administration Building, [14016 Boydton Plank Road, Dinwiddie, VA 23841](#)
- Required Volunteer Documents may be submitted any time **Monday – Friday, 8:00 a.m. to 4:00 p.m.** in the Human Resources Office. No appointment is necessary if all forms have been completed. We cannot accept any paperwork through email.
- If you have any questions about these requirements, you may contact Human Resources by email or phone.

<input type="checkbox"/>	<b>Volunteer Responsibility Checklist</b>	<ul style="list-style-type: none"> <li>● Print this checklist as the cover page for your packet.</li> </ul>
<b>Required Volunteer Documents</b>		
<input type="checkbox"/>	<b>Background and Criminal History Record Search (FBI Fingerprint LIVE SCAN)</b>	<ul style="list-style-type: none"> <li>● All School Division volunteers are required to undergo an FBI Fingerprint and Criminal Background Investigation, conducted at the Dinwiddie County Public Safety building. <b>The LIVE SCAN card is not available online. Volunteers may pick one up in the Human Resources Office.</b></li> <li>● The search will disclose convictions nationwide and the <i>results must be received before volunteering</i>. This could take 6-8 weeks if there is any arrest or conviction history.</li> </ul>
<input type="checkbox"/>	<b>Central Registry Release of Information (CPS Form)</b>	<ul style="list-style-type: none"> <li>● All School Division volunteers are required to have a Child Offender Background Investigation before volunteering.</li> <li>● <b>DO NOT SIGN this form</b> before coming to HR; we will notarize it for the volunteer.</li> <li>● <b>NO FEE IS REQUIRED.</b></li> <li>● Answer all questions completely and accurately by typing or printing clearly in black ink.</li> <li>● Forms that contain strike outs, correction tape, or "white-out" will be returned.</li> <li>● All sections <b>MUST BE</b> completed. If left blank the form will be returned.</li> <li>● If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name. If, no middle name, write "NMN".</li> <li>● If any answer is none, write "N/A", except for maiden name (leave blank) and middle name (write "NMN").</li> <li>● If extra space is needed to complete the form (i.e., providing information on addresses, spouses, and children), attach an additional sheet along with the form to be mailed.</li> </ul>

<input type="checkbox"/>	<p><b><i>Employee Demographic Record</i></b></p>	<ul style="list-style-type: none"> <li>● All School Division volunteers need to complete the <b>top portion</b> of this form with their contact information, as well as, their <b>emergency contact</b> information.</li> <li>● The remainder of the form (<i>gender, date of birth, marital status, ethnicity, education and veteran status</i>) is <b>voluntary</b>. Pursuant to federal regulations, we collect responses to these questions for record keeping/statistical purposes only. Federal law prohibits unlawful discrimination based on race, color, sex, age, national origin, religion, or disability.</li> <li>● Volunteers may provide future updates to HR.</li> </ul>
<input type="checkbox"/>	<p><b><i>Physician's Certificate (Tuberculin Screening)</i></b></p>	<ul style="list-style-type: none"> <li>● All School Division volunteers must provide proof of a negative tuberculin test dated within one year of the volunteer's start date.</li> <li>● Volunteers who have not had a recent TB test are expected to have the screening performed and documented on the certification form.</li> <li>● Dinwiddie County Public Schools does not pay for the cost of the TB test. Volunteers may use a doctor or facility of their choice at their own expense.</li> <li>● A volunteer's TB test <b>must be completed</b> before bringing their documents into HR.</li> </ul>

**Search Fee \$10.00**

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.
3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write “N/A”.
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier’s check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.

#### **Personal checks and cash will not be accepted.**

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**

**Search Fee \$10.00**

**Purpose of Search, Check one:**  Adam Walsh Law  Adoptive Parent  Babysitter/Family Day Care  
 CASA  Children’s Residential Facility  Custody Evaluation  Day Care Center  Foster Parent  
 Institutional Employee  Other Employment  School Personnel  Volunteer  Other

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name	Tel.#	Ext			
Contact E-Mail	Mandatory if agency code has been assigned				

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

Last Name	First Name	Full Middle Name – (given at birth) - <b>No initials</b> (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race		
Driver’s License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)	City	State	Zip		

**Applicant’s Prior Addresses**

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

**Marital Status** Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



**Search Fee \$10.00**

**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of person whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_  
Commonwealth/State of \_\_\_\_\_  
Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature** ..... **Notary Number**  
My Commission Expires: \_\_\_\_\_

Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only



# DINWIDDIE COUNTY PUBLIC SCHOOLS

## HUMAN RESOURCES DEPARTMENT

### EMPLOYEE DEMOGRAPHIC RECORD

NAME \_\_\_\_\_  
*First Name, Full Middle Name, Full Last Name*

EMAIL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

LOCATION \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
*(Include Area Code)*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### **IN AN EMERGENCY PLEASE NOTIFY**

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
*(Include Area Code)*

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_  
*(Spouse, parent, child, other)*

*The Dinwiddie County School Board is an equal opportunity employer. Subject to Title VI and Title VII of the Civil Rights Act of 1964 and the Uniformed Services Employment and Reemployment Rights Act (USERRA), the Dinwiddie County School Board may be required to submit reports to federal, state or legal entities to identify the number of our employees belonging to each specified protected veteran category, gender and race/ethnicity category.*

*Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, maintained separate from other personnel records and only accessed by the human resource department.*

Gender  Female  Male

Date of Birth \_\_\_\_\_  
*(Month/Day/Year)*

MARITAL STATUS Married  Single

#### **CHECK (✓) THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY**

- White (not Hispanic or Latino)** *(A person having origins in any of the original peoples of Europe, the Middle East or North Africa)*
- Black (not Hispanic or Latino)** *(A person having origins in any of the black racial groups of Africa)*
- Hispanic or Latino** *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)*
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** *(A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)*
- Asian (not Hispanic or Latino)** *(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)*
- American Indian or Alaska Native (not Hispanic or Latino)** *(A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)*
- Other** \_\_\_\_\_

#### **CHECK (✓) THE HIGHEST LEVEL OF EDUCATION COMPLETED (Check only one)**

- Less than 8<sup>th</sup> Grade
- Completed 8<sup>th</sup> Grade
- Attended High School
- High School Graduate or Equivalent
- Attended College and/or Associate's Degree
- College Graduate
- Attended Graduate School
- Master's Degree
- Graduate Study beyond Master's Requirements
- Ph. D. or Professional Degree

**PROTECTED VETERANS** (choose ALL that apply)

- Active duty wartime or campaign badge Veteran** (a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.)
- Armed Forces Service Medal Veteran** (any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159.)
- Disabled Veteran** (a veteran of the U.S. military, ground, naval or air service who (1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) was discharged or released from active duty because of a service-connected disability.)

*If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.*

*The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.*

- Recently Separated Veteran** (a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.)
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dinwiddie County Public Schools  
14016 Boydton Plank Road, P.O. Box 7  
Dinwiddie, Virginia 23841  
(804) 469-4190



Dinwiddie County Public Schools  
14016 Boydton Plank Road / P.O. Box 7  
Dinwiddie, Virginia 23841

**PHYSICIAN'S TUBERCULOSIS CERTIFICATION  
FOR EMPLOYEES OF  
DINWIDDIE COUNTY PUBLIC SCHOOLS**

“As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ [54.1-3016](#) et seq.) of Chapter 30 of Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment.”

Code of Virginia § 22.1-300

Name of Employee \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address of Employee \_\_\_\_\_  
\_\_\_\_\_

**In compliance with State law, on the basis of chest x-ray, tests and/or examinations, I hereby certify that the above named is believed free of communicable tuberculosis as of this date.**

Signature of Health Care Provider \_\_\_\_\_

Address of Health Care Provider \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Health Care Provider \_\_\_\_\_

Date of Examination \_\_\_\_\_

I am a licensed health care provider in \_\_\_\_\_, United States of America.  
(State or District)

***This form MUST be returned to the Human Resources Department, Dinwiddie County Public Schools***