

OCEAN CITY SCHOOL DISTRICT

501 Atlantic Avenue, Suite 1
Ocean City, NJ 08226
(609) 399-1290 ext. 2252

Level II Volunteer

Parent Volunteer Application



Revised 10/2019



Ocean City School District – Committed to Excellence
Equal Opportunity Employer



OCEAN CITY SCHOOL DISTRICT

Personnel Services Department

501 Atlantic Avenue, Suite 1

Ocean City, New Jersey 08226 – 3891

Phone: (609) 399-4161

Fax: (609) 399-4656

www.oceancityschools.org



“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

~Leo Buscaglia

To: Parent Volunteers

Welcome to the Ocean City School District. We thank you for your interest in becoming a parent volunteer in our School District.

In order to be a Level II volunteer, your first step is to schedule an interview with the building principal or designee of the school in which you would like to be considered for this level of volunteering. We have included the Parent Volunteer Frequently Asked Questions for your convenience.

Please see below for the contact information:

- Ocean City Primary School – Ms. Cathleen Smith, Principal (609) 399-3191
- Ocean City Intermediate School – Mr. Michael Mattina, Principal (609) 399-5611
- Ocean City High School – Dr. Wendy O’Neal, Assistant Principal (609) 399-1290

Once you have been approved by the Principal to be a Level II Parent Volunteer, the following information is required to be completed:

1. Personal Data Form
2. Fingerprinting Instructions
3. Verification of Continuous Employment (only needed if you currently a substitute and/or working in another School District)
4. I-9 Form: see list of acceptable documents
5. Internet Agreement
6. Health Information
7. Online professional development tutorials must be completed prior to being approved as a parent volunteer. Please print one certificate when all assigned tutorials are completed and return it with your parent volunteer packet.
8. Confidentiality Agreement

Please note: Once you have completed this packet, please bring the completed packet to building principal or assistant principal’s office.

Thank you for taking the time to complete the parent volunteer application. We look forward to your continued support to the students and the School District.

Please feel free to call Michele Rundgren, Human Resources Coordinator, (609) 814-8750 with any questions you may have.



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Parent Volunteer Frequently Asked Questions

1. Will I need to be reprinted or archive my fingerprints every year?

No, once you are fingerprinted and you continue to be on our Parent Volunteer list, you will not need to be reprinted or archived. One and Done!

2. What should I do first?

You should schedule your interview with the Principal to receive approval prior to scheduling your fingerprinting. The remainder of the requirements may be done in any order.

3. What are examples of the volunteer levels?

Level I	Level II
Dance Chaperones	Long Distant/Overnight Trips
Field Trip/Field Day Chaperones	Small Group Facilitators
Guest Speakers/Classroom Readers	
Performing Arts Volunteers	
PTA/PTO Events	
Room Parent	
Special Events	

4. How will I know if my fingerprinting and criminal history background check is approved?

About two weeks after you are fingerprinted you can view and print your approval online by accessing the Office of Student Protection at <https://www.nj.gov/education/crimhist/> click on “Applicant Approval Employment History.”

5. Who do I contact if I have additional questions?

You may contact any of the School Principals or the Human Resources Manager. See below for contact information:

Dr. Matthew Jamison, High School Principal - 609-399-1290

Mr. Michael Mattina, Intermediate School Principal - 609-399-5611

Ms. Cathleen Smith, Primary School Principal - 609-399-3191

Ms. Michele Rundgren, Human Resources Coordinator - 609-814-8750



Please complete the information below to make sure the information we have on file is accurate.

If you have any questions, please contact Michele Rundgren, Human Resources Coordinator at mrundgren@ocsdnj.org or (609) 814-8750.

Thank you.

Name: _____
First Middle Last

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Home email address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Highest Degree: ☐ High School or Equivalent ☐ 60 or more College Credits
☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree
☐ Doctorate Degree ☐ National Board Certified

Employment (List current employment)

List names and grades of your children (if applicable):

If you would like your information forwarded to additional schools for volunteering, please check below all that apply.

☐ Primary School ☐ Intermediate School ☐ High School





FINGERPRINTING INSTRUCTIONS FOR VOLUNTEERS

Includes all volunteers who have not previously been fingerprinted for education positions.

1. To complete this application, please use a **Microsoft Internet Browser like Internet Explorer or Edge** all other operating systems and internet browsers are unreliable with this program. **Do not use Smart phones, tablets, iPads or other mobile devices.** Access the Office of Student Protection's direct web address <https://www.nj.gov/education/crimhist/> to begin the process. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
 2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors
 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non-Public Schools
 4. All School Bus Drivers and Bus Aides for Non-Public Schools and Other Agencies
3. Complete the requested applicant information to include the county/district/school/contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the **"Make Payment"** button only **one time** to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with MorphoTrust
6. Select the first option **"View and/or print your New Administration Fee Payment Request confirmation page"** and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity. The fee for volunteers is \$24.05.
7. Next select the second option **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form, fill in the boxes for Height, Weight, Maiden Name (if applicable), Place of Birth, Country of Citizenship, Hair Color, and Eye Color and present it to MorphoTrust at the time of LiveScan fingerprinting.
8. Access the MorphoTrust web page by selecting the third option **"Click here to schedule your fingerprinting appointment with Idemia"** or call 1-877-503-5981 to schedule a fingerprinting appointment.
9. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Office of Student Protection website. Please give a copy to your employer.





To: Office of Personnel

(School District where originally fingerprinted)

Fax # _____

From: Ocean City School District, Personnel Services Department
Michele Rundgren, Human Resources Coordinator

Re: Verification of Continuous Employment
(Criminal History Procedure)

The Ocean City School District wishes to employ _____ as a Volunteer.

In order to comply with the rules established by the Office of Student Protection, The Ocean City School District is asking you to complete the information below confirming that the above mentioned candidate has been continuously employed with your School District with no break in service.

Please return the completed form by fax (609) 399-4656 or email mrundgren@ocsdnj.org

Thank you for your assistance in this matter.

This section to be completed by current School District

Name of Employee

Position Held

Period of Employment: From: _____ To: _____

I hereby certify that the above information being provided to the Ocean City School District is true.

Signature of District Administrator Title

Date



[Instructions](#)[Start Over](#)[Print](#)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name) ?		First Name (Given Name) ?		Middle Initial ?	Other Last Names Used (if any) ?	
Address (Street Number and Name) ?		Apt. Number ?	City or Town ?		State ?	ZIP Code ?
Date of Birth (mm/dd/yyyy) ?	U.S. Social Security Number ?		Employee's E-mail Address ?		Employee's Telephone Number ?	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States ?
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) ?
<input type="checkbox"/> 3. A lawful permanent resident ? (Alien Registration Number/USCIS Number): ?
<input type="checkbox"/> 4. An alien authorized to work ? until (expiration date, if applicable, mm/dd/yyyy): ? Some aliens may write "N/A" in the expiration date field. (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: ? OR 2. Form I-94 Admission Number: ? OR 3. Foreign Passport Number: ? Country of Issuance: ?

QR Code - Section 1
Do Not Write In This Space

Signature of Employee ?	Today's Date (mm/dd/yyyy) ?
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Preparer and/or Translator Certification (check one): ?

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator ?		Today's Date (mm/dd/yyyy) ?	
Last Name (Family Name) ?		First Name (Given Name) ?	
Address (Street Number and Name) ?		City or Town ?	State ? ZIP Code ?

[Click to Finish](#)



Employer Completes Next Page



[Instructions](#)[Start Over](#)[Print](#)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1 ?	Last Name (Family Name) ?	First Name (Given Name) ?	M.I. ?	Citizenship/Immigration Status ? <input type="checkbox"/>
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title ?		Document Title ?		Document Title ?
Issuing Authority ?		Issuing Authority ?		Issuing Authority ?
Document Number ?		Document Number ?		Document Number ?
Expiration Date (if any) (mm/dd/yyyy) ?		Expiration Date (if any) (mm/dd/yyyy) ?		Expiration Date (if any) (mm/dd/yyyy) ?
Document Title ? <input type="checkbox"/>		<div>Additional Information ?</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority ? <input type="checkbox"/>				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				
Document Title ? <input type="checkbox"/>				
Issuing Authority ? <input type="checkbox"/>				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ? (See instructions for exemptions)

Signature of Employer or Authorized Representative ?	Today's Date(mm/dd/yyyy) ?	Title of Employer or Authorized Representative ?	
Last Name of Employer or Authorized Representative ?	First Name of Employer or Authorized Representative ?	Employer's Business or Organization Name ? Ocean City Board of Education	
Employer's Business or Organization Address (Street Number and Name) ? 501 Atlantic Avenue Suite 1	City or Town ? Ocean City	State ? NJ	ZIP Code ? 08226

[Click to Finish](#)

Section 2 completion in progress.

[Instructions](#)[Start Over](#)[Print](#)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Employee Name from Section 1:	Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?
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Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) ?			B. Date of Rehire (if applicable)
Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?	Date (mm/dd/yyyy) ?

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title ? <div></div>	Document Number ?	Expiration Date (if any) (mm/dd/yyyy) ?
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative ?	Today's Date (mm/dd/yyyy) ?	Name of Employer or Authorized Representative ?
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[Click to Finish](#)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Access to Information, Software and Computing Agreement

As a user of Ocean City School District's computing facilities, I agree to the following rules and provisions:

1. I will only use the computer account provided to me and will take the responsibility to protect my account from unauthorized access. I will not give my personal password to anyone and will take steps to prevent others from learning my password. If I become aware of attempts to violate or bypass security mechanisms, I will promptly report such attempts to my supervisor.
2. I will respect the privacy of information stored in Ocean City School District's computing facilities.
3. I will not acquire or modify, in any way, information that belongs to another person nor will I attempt to access restricted portions of the network or operating system.
4. I will only use the software to which I have been granted express rights by the network supervisor.
5. I will not copy unauthorized software onto the local drive or onto the network drive.
6. I agree to abide by any patent, copyright, or license restrictions that may relate to the use of the computing facilities, products, programs or documentation. I agree not to copy, disclose, modify, or transfer any such materials that I did not create without the express consent of the original owner or copyright holder. I agree not to use Upper Township School District's computing facilities to violate the terms of any software license agreement, or any applicable local, state, or federal laws.
7. I agree not to use Ocean City School District's computing facilities for any purpose other than that for which it was intended.
8. I shall not use my privileges to access other computing facilities to which Ocean City School District is connected without appropriate approvals to do so.
9. Internet access/e-mail is a privilege and not a right which can be revoked if used for purposes other than professional enrichment, research, instruction and/or dialogue.
10. This agreement remains in force as long as I make use of Ocean City School District's computing facilities or services.

Signature/Date



SCHOOL HEALTH SERVICES

NON-PERMANENT EMPLOYEE HEALTH INFORMATION

(substitutes, student teachers, volunteers, coaches, etc.)

SECTION A: EMERGENCY INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

FAMILY PHYSICIAN _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: please include relationship and phone number

SECTION B: MEDICAL HISTORY

ACCIDENTS (SERIOUS) _____ DATE _____

ALLERGIES _____ ASTHMA _____

DIABETES _____ HEADACHES _____ HEART CONDITION _____

HIGH BLOOD PRESSURE _____ ORTHOPEDIC _____

EYE PROBLEMS _____ GLASSES _____ CONTACTS _____

OPERATIONS (INCLUDE DATE) _____

LIST ANY OTHER HEALTH PROBLEMS YOU MAY HAVE: _____

LIST ANY MEDICATIONS PRESENTLY PRESCRIBED: _____

DATE OF LAST MANTOUX: _____ ARE YOU A POSITIVE REACTOR _____

SECTION C: NON-EMPLOYEE ASSURANCE STATEMENT

I certify that the above information is true to the best of my knowledge.

Signature of applicant

Date





Need help? Email us at help@gcntraining.com


Please be sure to have your speakers turned on.
TYPE **www.gcntraining.com** into your browser's address bar and **Press Enter**

CLICKING **LOGIN TO VIEW TRAINING** will take you to the **PRE-LOGIN CHECKLIST**
(ROLLOVER [why?](#) next to the icon to learn what the icons mean).

If you have **not** created an account with GCN,
select: *I have NOT yet created an account*
Press Next >>


If you have already created an account with GCN,
select: *I already have an account*
Press Next >>

Enter your Organization ID:




Press Submit

Enter your Preferred Personal ID



Press Submit

Enter your Personal ID



Press Submit

Complete the Personal Information.
(* indicates Required Fields)
Press Submit

If you've forgotten your PID,
Press [I Don't Know My Personal ID](#)


The **Welcome Page**

Bloodborne Pathogens
0% Completed
[details](#) **VIEW**

The tutorials available to you are listed to the left.
Choose a tutorial by pressing **VIEW**

Verify your information. Press **START TUTORIAL** or **CONTINUE TUTORIAL** (if available)

The tutorial will begin with an Instructions slide that will explain the many buttons on this page.

Once the  Next button appears you may move on to the next slide.

After you complete a tutorial, return to the **Main Menu** to Print your Certificate of Completion*
*SAVE SOME PAPER -- Wait until you complete the last of your tutorials before printing your Certificate. They're all printed on a single page.



PARENT VOLUNTEER REQUIREMENTS
Instructions to use the Global Compliance Network
(PROFESSIONAL DEVELOPMENT TUTORIALS)

Go to website:

WWW.GCNTRAINING.COM

Click on green area:

LOGIN TO VIEW TRAINING

Click on green area:

LOGIN TO VIEW TRAINING
(You may need to download Adobe Flash)

STEP 1:

Click on NEW USER
Click NEXT

STEP 2, type in ORGANIZATION ID:

40040
Click SUBMIT

STEP 3, type in PERSONAL ID:

Create you ID using first initial and last name (e.g. jsmith)
Click SUBMIT

STEP 4, type in:

FIRST NAME: _____
LAST NAME: _____
JOB TITLE: Parent Volunteer
DEPARTMENT: _____
(e.g. Primary School, Intermediate School, High School,
District)
SCHOOL/Personal E-MAIL ADDRESS
Click SUBMIT

STEP 5, in the green area:

Select the FOLLOWING ASSIGNED tutorials:

1. AED – Janet’s Law - NJ
2. Anti-Bullying Bill of Rights
3. Bloodborne Pathogens
4. Bullying
5. Child Abuse
6. Confidentiality
7. Narcan Administration
8. Transgender & Gender Non-Conforming Awareness in Schools

Follow instructions to view

You can PAUSE and REENTER tutorials at anytime.

Be sure to LOGOUT when finished.

*** To ensure alignment with the 2019-20 school year, please do not begin the above required professional development tutorials before July 1, 2019. When complete please PRINT 1 Certificate for all tutorials and return it to with your packet. ***





CONFIDENTIALITY AGREEMENT

All information concerning employees, students, clients, donors, and organizations with which the Ocean City School District does business is to be considered privileged and maintained in strict confidence. All employees/coaches/club advisors/volunteers, etc. are responsible for protecting the confidentiality of such information. Information concerning past and present employees, other than essential employment verification, will not be released without the proper written authorization request.

CONFIDENTIALITY CLAUSE

The employees/coaches/club advisors/volunteers, etc. agrees to keep confidential and not disclose to others, nor make personal use of any information concerning the personal, financial or other affairs of the School District, which may have become known to The Employee/Volunteer during his/her employment or volunteer services for the Board. The employees/coaches/club advisors/ volunteers, etc. further agrees to maintain the privacy rights of students in accordance with the provisions of all applicable federal and State laws and regulations, as well as all Board policies relating to student records. Specifically, the employees/coaches/club advisors/volunteers, etc. agrees not to disclose or permit access to any information regarding or relating to any student in the Ocean City School District, unless such disclosure or access is specifically authorized by law and/or board policy and regulation.

Signature

Print Name

Date

