

# OCEAN CITY SCHOOL DISTRICT

501 Atlantic Avenue, Suite 1

Ocean City, NJ 08226

(609) 399-1290 ext. 2252

**Level II Volunteer**

## *Returning Parent Volunteer Application*



Revised 01/01/18

*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](http://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: Returning Parent Volunteers

Welcome back to the Ocean City School District!

In order to continue to be a Level II volunteer you will need to update the following information:

1. Personal Data Form
2. Verification of Continuous Employment (only needed if you currently a substitute and/or working in another School District)
3. Internet Agreement
4. Updated Health Information
5. Online professional development tutorials must be completed every year. Please print one certificate when all assigned tutorials are completed and return it with your returning parent volunteer packet.
6. Sign Confidentiality Agreement

***Please note: Once you have completed this packet, please make an appointment and return the completed packet to the building principal or assistant principal’s office in the school that you wish to volunteer. See below for 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

Thank you for taking the time to complete the returning 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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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](mailto: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





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](mailto: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





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### **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.

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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






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

CLICKING  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

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

**Verify** your information. Press  or  (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](http://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. \*\*\***







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## 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.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

