

Community of Peace Academy

Volunteer Handbook

Anyone interested in chaperoning field trips during the school year must read this handbook & **submit the attached forms with a photo ID by the end of September**. Applications for classroom volunteers will be accepted on a rolling basis (no deadline).

PURPOSE OF VOLUNTEER PROGRAM

The purpose of the volunteer program is to...

- Enrich and enhance student learning
- Enable teachers to offer more individual attention to their students
- Provide individuals an opportunity to participate in a variety of activities
- Strengthen the partnership between families, community, & the school

Why Volunteer?

Volunteering is an opportunity for you to show children...

- Your interest in their school life
- Your commitment to the community
- Your belief that education is a partnership between family, school, & community
- Your belief that learning is a lifelong process

Personal Benefits of Volunteering

- Experience the satisfaction of helping people
- Develop new skills
- Meet new and interesting people
- Share your time and talent

Student Benefits of Volunteering

- Students see a clear relationship between family, community, & school
- Students will develop a feeling that school is important because they see their parents and community showing an interest and becoming involved
- Students' self-confidence improves when they notice the interest and involvement their families and community have in their school activities
- Statistics show that student achievements are higher when their families are involved in their school activities

PROCEDURES FOR VOLUNTEERING

Volunteer Application Form

Complete & return your Volunteer Application Form to the Volunteer Coordinator before starting your volunteer assignment. You are not authorized to begin your volunteer assignment until you hear from school staff with specific details.

Background Checks

All volunteer applicants must submit to a background check prior to beginning the volunteer placement. Background check fees will be paid by CPA.

Volunteer Assignment

Once your Volunteer Application Form has been processed, school staff will contact you and let you know your assignment. Until you hear from school staff, you are not authorized to serve at Community of Peace Academy.

A specific Community of Peace Academy staff member will supervise and direct your work. Volunteers offer assistance and enrichment, but do not take the place of a staff member.

All volunteers must work within the parameters of their assignment. At no time and in no instance is a volunteer to wander through the building, make any unauthorized classroom visits, or have student contact in any way other than the specified volunteer assignment.

Sign-In

Volunteers must sign in and sign out at the school office and wear a visitor badge each visit. Volunteers working with specialists, elementary, or middle school staff must check in at the Elementary & Middle School Office on Magnolia (Door A). Volunteers working with high school staff must check in at the High School Office on Desoto (Door D).

Accept Direction

Accept direction and supervision. While we recognize that you are an important leader, you do not take the place of a staff member, but are a supplementary person who offers assistance and enrichment with your personal skills and competence.

GUIDELINES FOR VOLUNTEERING

Appearance

As representatives of CPA, volunteers are responsible for presenting a good image to students and the community. Volunteers should dress appropriately for the condition and performance of their duties. Clothing with messages or imagery must support the vision and mission of Community of Peace Academy.

Confidentiality

Information regarding our students is confidential. No information can be shared regarding a student without the written consent of the student's parent/guardian.

Discussing personal information about a student is cause for disciplinary action up to and including termination of the assignment.

Cultural Awareness

We are enriched by a culturally diverse school community. We all must exercise cultural competency and adhere to our school-wide value of unconditional positive regard for all.

Dependability

Come when promised and on time. Students, staff, and other volunteers count on you. If you are unable to keep a commitment, call the office and leave a message for the appropriate teacher or staff member as far in advance as possible.

Discipline

Volunteers may not discipline students. Please report any concerns with student behavior to the supervising staff person. The CPA professional staff is always responsible for responding to student behavior and discipline, and never the volunteer.

Health and Safety

Volunteers must abide by and uphold all school policies related to the health and safety of our students, staff, and community. This includes but is not limited to any ongoing COVID-19 safety efforts. Your supervisor will make you are aware of any current safety protocols & expectations.

Instruction

If volunteerism occurs in the classroom, volunteers must work under the supervision of a certified teacher. Volunteers may support student learning through re-teaching, reinforcing key concepts, and guided practice. Instructional support provided by volunteers must supplement and enrich, but may not replace, the instruction provided by the classroom teacher.

Mandatory Reporting

Volunteers are considered “mandatory reporters.” That means you must report when you have knowledge or reason to believe that a child is being or has been neglected or physically or sexually abused. Report any incident or suspicion immediately to a staff member.

Student Contact

For the protection of adults and students, Community of Peace Academy has a policy governing contact with students outside of the school day. Staff, including volunteers, may not have contact with students outside of the school day, including after school hours, weekends, holidays and breaks when school is not in session, and via social media platforms. This policy applies to current enrolled students. This policy also applies for a period of two years after a student has graduated from or left Community of Peace Academy. Exceptions may be granted only upon consent granted from a CPA administrator and from the student’s parent or guardian.

What I Shouldn’t Do as a Volunteer

Volunteers supplement and support the program but may not...

- Have access to student permanent record files
- Diagnose student needs
- Make final evaluation on student achievement
- Counsel students
- Discuss student progress with parents
- Participate in any way with standardized testing

TIPS FOR WORKING WITH STUDENTS

- Call students by name
- Be friendly and caring
- Praise success
- Be honest with students
- Be comfortable with silence and allow students time to think and form answers
- Accept students as they are and be sensitive to differences in background, culture, religion, values, vocabulary, and aspirations
- Never make a promise you can't fulfill
- Do not eat candy, snacks, or gum or drink anything other than water when working with students unless it is part of the programming
- Be dependable and prompt
- Keep calm in an emergency
- Maintain your sense of humor
- Enjoy yourself!

Thank you so much for your interest in volunteering! You are making a difference in the lives of our students, and we are very appreciative!

VOLUNTEER STATEMENT OF UNDERSTANDING

I have read the Community of Peace Academy Volunteer Handbook in full. I understand and agree to follow all expectations and regulations in the handbook.

Full Name (Printed neatly): _____

Signature: _____

Date: _____

CPA VOLUNTEER APPLICATION

*Volunteers must apply annually. Submit all paperwork, **along with a photocopy of a valid photo ID,** at least two weeks in advance of desired start date. Chaperones must apply by the end of September.*

What is your full name? (print neatly please)

What is your date of birth?

What is your address?

What is the best number to call or text you at with volunteer opportunities?

What is the best email to use when contacting you with volunteer opportunities?

How do you want us to contact you?

☐ Call

☐ Text

☐ Email

Who should we contact in case of emergency?

Name:

Number:

Relation to you:

If you are a CPA parent or mentor, list your children below, along with their grade/teacher:

Student's Full Name:	Student's Grade	Student's Teacher:

What type of placement are you looking for? Circle all that apply.

☐ I want to help chaperone field trips!

☐ I want to assist a staff member on a regular basis!

o Is this a placement for a college class you are taking?

☐ Yes

☐ No

o Do you have a specific staff member, grade, or subject in mind?

o What level of time commitment/schedule are you looking for?

We will contact you and let you know if a placement is possible. Until you receive verification from school staff, you are NOT authorized to volunteer at CPA.

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name: (First, Middle, Last) Date of Birth: _____ Social Security Number: _____

I want this information released because I am conducting the following business transaction: _____

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|--|--|
| ☐ Mortgage Service | ☐ Banking Service |
| ☒ Background Check | ☐ License Requirement |
| ☐ Credit Check | ☐ Other |

with the following company ("the Company"):

Company Name: DISA Global Solutions

Company Address: P.O. Box 737769 Dallas, TX 75373-7769

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Computer Information Development LLC 713 W. Duarte Rd #106, Arcadia, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 days from the date signed. _____ (Please initial.)

Signature: _____ Date Signed: _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____

City/State/ZIP: _____

Phone Number: _____

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.