**SOUTH EASTERN SPECIAL EDUCATION**

One of the continuing goals at South Eastern Special Education is to offer support for students in developing their skills and to provide programs, which further their educational experience. Support for our staff is important in helping students achieve success in school.

Consider what you want out of the experience of volunteering. You can volunteer in order to learn more about special education, advance your career, meet new friends, gain recognition, or have the satisfaction in helping children with varying needs to learn and grow like any other child.

Volunteers can provide that special touch---a willingness to share your time and talents in a variety of ways to help our students learn and grow. We hope you also will grow as you learn more about the educational process in your partnership with South Eastern Special Education.

The accompanying guidelines will help you make a smooth transition into your volunteer position, giving you an overview of our programs and the variety of opportunities available.

This handbook will provide an orientation to volunteers, which will be helpful in explaining their role in South Eastern Special Education’s programs.

Thank you for caring and giving your time to help others.

**GOALS OF THE VOLUNTEER PROGRAM**

1. Help students improve and achieve success.
2. Reinforce skills introduced by teachers (i.e., assisting in a center or computer activity).
3. Provide curriculum enrichment opportunities, (i.e., reading to a student or listening to the student read).
4. Assist teachers by helping them with non-instructional tasks, (i.e., preparing or copying materials).
5. Encourage involvement and support of educational programs.
6. Heighten public awareness of the goals of South Eastern Special Education.
VOLUNTEER GUIDELINES

- Volunteers will work within procedural guidelines established by South Eastern Special Education under the direct supervision of the administration and teachers.
- Volunteers may assist, but **not replace** teachers in playground duty, recess, or PE.
- Volunteers may operate classroom or office equipment (i.e., copy machines, computers, etc.) after initial instruction from the teacher and approval from the building principal.
- Volunteers may read supplementary materials to students.
- Volunteers may put up bulletin boards in classrooms and hallways.
- Volunteers may assist students with class projects.
- Volunteers **will not** have access to student records (including IEPs) or grades.
- Volunteers may **not** supervise a class during a teacher’s absence.
- Volunteers may **not** grade papers or tests.

VOLUNTEER OPPORTUNITIES

Volunteers are placed in jobs best suited to their skills and interests. However, specific jobs may not be available in the classroom, school or center in which you prefer to serve or at the time you have available. In this case you may be asked to consider volunteering in another classroom, school or center. Every effort will be made to ensure you of having a fulfilling and rewarding volunteer experience. A list of available opportunities follows:

- Storytelling
- Reading with Children
- Preparing Bulletin Boards
- Assisting on Field Trips
- Help reinforce Academic Skills
- Work on Special Projects
- Assist with Computer Activities
- Make Materials or Create Visual Supports
- Copy Materials
**VOLUNTEER REQUIREMENTS**

You do not need a teaching certificate or a paraprofessional certificate, but you should have:

1. A genuine interest in students
2. A professional commitment to your volunteer activity
3. Regular attendance
4. A cooperative attitude
5. Flexibility
6. Good health
7. Training as required for your activity
8. Fingerprinted and a Criminal Background Check
9. Compliance with School Rules
10. Compliance with all SESE Policies and Procedures

**CONFIDENTIALITY**

It is of the utmost importance that you keep information you learn about students between yourself and your supervising teacher. A misplaced comment can be in violation of the HIPPA/FERPA laws. Students and parents must have the assurance that all information about the student is kept confidential at all times. If you have any questions or concerns, talk with the supervising teacher or supervising administrator from South Eastern Special Education.

**APPLICATION FORM**

You will be asked to complete a Volunteer Application form. This information is for program use only and will not be shared with any other organization, group or person outside of South Eastern Special Education. An application form is attached to this Volunteer Handbook.

**ACCEPTANCE AND DISMISSAL**

Individuals who do not meet appropriate requirements as outlined in this handbook may not be accepted into the volunteer program. If a volunteer does
not meet established guidelines, alternative assignments may be suggested. If this does not meet with success, the South Eastern Special Education administration has the option to reject or terminate the volunteer’s placement.

**TRAINING**

You may be requested to attend workshops about topics that would assist you as a volunteer in a South Eastern Special Education program. As a volunteer, you will receive information about any training opportunities that may relate to your volunteer assignment.

**IDENTIFICATION**

1. Always report to the school’s office before you begin your day.
2. Sign in and out each time you enter the school building.
3. Wear your VISITOR badge or other name badge each building may require while in the classroom and building.

**ATTENDANCE AND PUNCTUALITY**

Reliability is expected since teachers and other school staff will prepare plans for volunteer assistance. If you need to be absent, please call the teacher at the classroom the day before, to inform him/her of your anticipated absence. If you or your child becomes ill the day you are scheduled to volunteer, please phone the teacher as early in the day as possible. Many of the classroom phones have voicemail.
VOLUNTEER/PRACTICUM APPLICATION FORM

Name_______________________________  SS#_________________________________

Home Address__________________________________________________________________

City___________________________State_______ Zip_________ Phone___________________

Organization Represented________________________________________________________

Title: (check one)☐ Parent  ☐ College Student  ☐ Jr. High/High School Student

Requested Activity to participate in:_________________________________________________

Location: Name of School________________________ Class____________________________

Day(s) of Week (circle)  M  T  W  Th  F  Time(s):_______________________________________

Applicant Signature______________________________________Date___________________

**TO BE COMPLETED BY OFFICE PERSONNEL

Volunteer/Practicum Placement Record

Volunteer’s Supervisor___________________________________________________________

Recommended Assigned Activity___________________________________________________

School___________________________ Classroom___________________________

Days Approved to Attend_________________________________________________________

Other_________________________________________________________________________
______________________________________________________________________________

Director/Supervisor Signature_____________________________________________________

Date_______________________
Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Name

_________________________  ________________________  ________________________  ________________________
Last  First  Middle  Telephone

Address

_________________________  ________________________  ________________________  ________________________
Street  City  Zip code

Personal physician

_________________________  ________________________
Telephone

Emergency adult contact

_________________________  ________________________
Telephone

Are you now or have you ever been a school volunteer?  ☐ Yes  ☐ No

If yes, at which school?  ________________________  ________________________
Year?

The name of any child or ward attending this school

____________________________________________________________________

Criminal Conviction Information:  Are you a child sex offender?  ☐ Yes  ☐ No

Have you ever been convicted of a felony?  ☐ Yes  ☐ No  If Yes, list all offenses.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Location</th>
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If requested, are you willing to consent to a criminal history records check?  ☐ Yes  ☐ No

Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer’s acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer’s unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer’s supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer’s supervised or unsupervised service to the School District.
Volunteer name (please print)

Volunteer signature

For School Use Only

General description of assignment(s):

☐ Supervising students as needed by a teacher
☐ Supervising students during a regularly scheduled activity
☐ Assisting with academic programs
☐ Assisting at the resource center or main office
☐ Other

Name of supervising staff member

Illinois Sex Offender Database
Registry, www.isp.state.il.us/sor/
checked by on (mandatory)

Illinois Murderer and Violent Offender Against
Youth Registry, www.isp.state.il.us/cmvo/
checked by on (mandatory)

DruSjodinNational Sex Offender Public Website (NSOPW), www.nsopr.gov, Checked by
on (mandatory)

To be completed by the Technical Assistance Supervisor:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent? ☐ Yes ☐ No

Date that the check was requested:
Date that the check was received and reviewed: ______________________________

Check reviewed by (please print): ______________________________

Signature of reviewer ______________________________ Date ______________________________