



# **VOLUNTEER HANDBOOK 2021 - 2022**

**HAMILTON SCHOOL DISTRICT #3**



**DATE:** August 2021  
**TO:** All Volunteers  
**RE:** Volunteer, District and Student Safety and Liability Protection

WELCOME! Thank you for sharing your time and talents, it is greatly appreciated! Hamilton School District does not compensate volunteers. There are a few adult insurance and child safety items that you need to be aware of as you begin your valuable and important work called volunteerism!

1. The District's "General Liability Insurance" protects you as an insured in the extremely rare chance that an accident occurs as a result of your negligence while volunteering for the District.
2. The District's "Workman Compensation Insurance" does protect you in the unlikely event that you may be injured while volunteering for the District. If such injury should occur, please fill out an accident report found at each school's office.
3. The District's "Automobile Insurance" provides only secondary coverage in the event you or your passengers are injured in an automobile accident while volunteering for the District and driving an auto the District does not own. Your personal policy limits must be first exhausted either by settlement or judgment before the District's policy will respond. You will be asked, for both your own and your children's protection, to show proof that you carry automobile liability insurance before transporting children.
4. The District needs to be sure that volunteers working with our children are good role models. The District may check references or consult the appropriate legal services for the protection of the students.
5. You may learn or hear information about students that is confidential. Remember not to talk about students with anyone. Talking about students can be damaging if certain information is shared.

If you should have any questions concerning any of the above please do not hesitate to call myself or the District Clerk, Cathy Binando (406-363-2280 ext. 2512). We as a district are constantly striving to provide the safest possible environment for you and your children. Please call us with your ideas and suggestions.

Sincerely,

Tom Korst  
Superintendent

By signing, I acknowledge my understanding of and agreement to the statements made in this document.

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

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

Dear Volunteer:

Welcome to the Hamilton School District!!!!!! We truly appreciate you taking the time to volunteer in our schools. We realize education is important to you, your family, and our community. We hope that you have an enjoyable experience participating in the District's education program and related activities.

We have prepared a safety packet for you. We have included some volunteer guidelines, tips for working with children, general safety tips to help protect you and the children you serve. Please see the school's secretary for a copy of the emergency evacuation policy. Once you have read the safety packet and agree to the statements made, please sign enclosed form and return to the school's office.

Please read the enclosed information carefully. You can keep the handbook for your convenience and future reference. If you have any questions, call the principal at the school in which you are volunteering. Phone numbers and contact people are as follows.

Daly Elementary School	363-2122
Ericka Dowde, Principal	
Diane Tredik, Secretary	
Washington Elementary	363-2144
Wendy Hansmann, Principal	
Hamilton Middle School	363-2121
Marlin Lewis, Principal	
Reba Howells, Secretary	
Hamilton High School	375-6060
Ryan Wells, Principal	
Jennifer Pitzinger, Secretary	
Administration Office	363-2280
Tom Korst, Superintendent	ext. 2513
Cathy Binando, Business Manager	ext. 2512

Thank you for being a volunteer!



## Hamilton School District #3 General Safety Tips

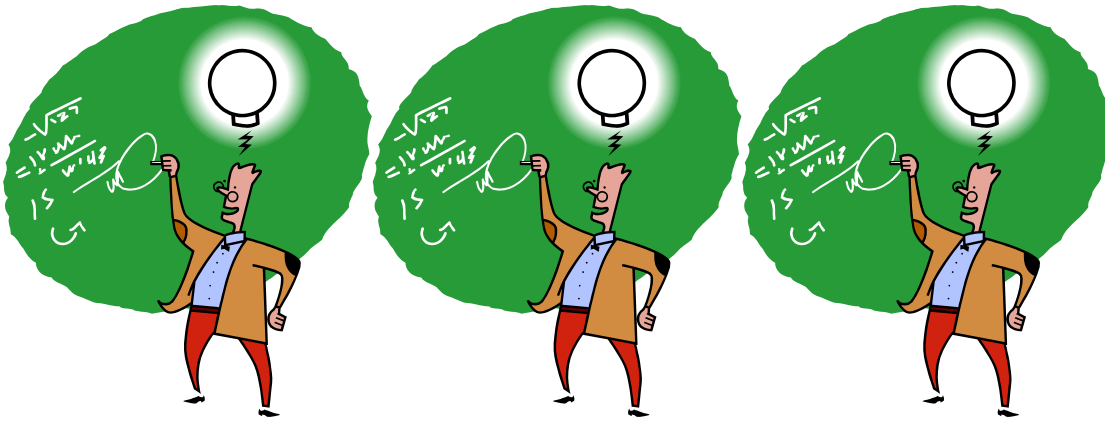
1. To protect yourself and the student, always work with a student in groups of three or more. Do not get involved in one-on-one contact with a student when there are no other observers around.
2. If you are having discipline problems with a student, please take the child to the teacher immediately.
3. If the student gets injured or complains of illness, take the child to the office immediately. Do not try to doctor the child. If there is any blood or vomit involved, do not try to clean up the mess yourself. The school's secretary will have a custodian clean up the area and dispose of the bodily fluids appropriately.
4. If you feel uncomfortable about any situation or performing any duty that is asked of you, please inform the teacher or supervisor immediately.
5. Perform all duties in as safe a manner as possible (i.e., always use appropriate lifting procedures when lifting heavy objects, do not climb onto unstable furnishings to reach high places, watch out for spills or other items that may cause dangerous conditions.)
6. If you need assistance in a classroom with a heavy or cumbersome object, contact the head custodian of the building. This is part of the custodian's duties so do not feel like you are burdening them. The secretary will know how to reach the custodian.
7. Whenever you see a potentially dangerous situation or school condition, please contact the Principal's office immediately.



# Volunteer Guidelines

- 1. Check in at the office:**  
Please sign in and let the school secretary know you are in the building and where you will be working during your stay.
- 2. Report to Teacher:**  
If possible, contact the teacher ahead of time for instructions on what he or she is expecting from you. If you are going to volunteer for this person for an extended period of time, a routine can be established with verbal or written instructions ahead of time.
- 3. Report Absences:**  
If you are not going to be able to come, for any reason, please notify the teacher (leave a message at the school office). The teacher is depending on your help and my need to change what he or she had scheduled.
- 4. Behaviors:**  
Check with the teacher that will be working with you to see what he or she considers inappropriate student behaviors and how he or she would like you to deal with these issues.
- 5. Confidential Information:**  
You may learn or hear information about students that is confidential. Remember not to talk about students with anyone. Talking about students can be damaging if certain information is shared.

**It is very important to maintain confidentiality for everyone.**



## TIPS FOR WORKING WITH CHILDREN

Greet children in a friendly fashion each time you see them.

Try to be as consistent as possible when dealing with children.

Only promise what you know you can fulfill.

Have realistic expectations for each child.

Keep your explanations few, short and clear.

When introducing something, demonstrate it so that the child knows what you expect.

Recognize that children need to know boundaries. They can learn best when they have the security of knowing what is expected of them.

Be honest. It is fine to say “I don’t know” if you don’t.

Give children thinking time. When you ask a question make sure you allow children time to think and organize what they want to say.

Try to learn the children’s names and use them.

Give honest praise for success (large and small).

Listen carefully to what the children want to tell you.

Remember what is important to them.

Refer disciplinary problems to the teacher.

**A friendly relaxed attitude creates the  
best atmosphere for learning!!!!**

## **Guidelines for Volunteer Field Trip Chaperones**

### **Thank You for Your Support!**

The Hamilton School District believes that field trips provide a valuable educational experience for students. Without the help of volunteer chaperones like you, many field trips would not be possible. We thank you very much for giving your time and support to these important activities. In order to help ensure that District-sponsored field trips result in safe and rewarding experiences for all participants, we have prepared these guidelines to provide information about volunteering as a field trip chaperone.

### **Becoming a Volunteer Field Trip Chaperone**

Because student safety is paramount concern, our Board Policy 5015 requires the District to conduct a criminal record background check of school volunteers with unsupervised access to children. To accomplish this, all volunteers must complete the School Volunteer Disclosure Form. The District also requires that volunteer chaperones be at least 21 years old.

### **Guidelines for Volunteer Chaperones**

Prior to your field trip, the supervising staff member will provide you with information regarding the activities planned for the trip, expectations for supervising students, and emergency procedures. In addition, we have developed the following general guidelines to help you perform your duties as a chaperone. If you have any questions regarding these guidelines, please contact the supervising staff member or the building principal.

1. All school rules apply on District-sponsored events. Chaperones are expected to comply with District policies, follow the directions given by the District's supervising staff member, work cooperatively with other staff and volunteers, and model appropriate behaviors for students.
2. In order to comply with District policy, during District sponsored events, chaperones:
  - may not use, sell, provide, possess, or be under the influence of drugs (including medical marijuana) or alcohol
  - may not use tobacco in the presence of, or within the sight of, students
  - may not possess any weapon
  - may not administer any medications, prescription or nonprescription, to students.
3. Students must be supervised at all times while at District-sponsored events. As a chaperone, you will supervise a small group of students, helping them learn and making sure they behave appropriately. Students must stay with you, their chaperone, at all times. Account for all participants regularly and before changing activities. Be sure you know when and where to meet the rest of your group at the end of the visit. Chaperones must be readily available, be mindful of safety concerns, and respond to students' needs.

4. Student behavior is your responsibility. School rules related to student behavior apply. Go over rules and standards of behavior, safety rules, and any site specific rules with students. Ensure that students do not get involved in no extra activities not preapproved by administrators and parents.
5. For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student.
6. Family members or friends of a chaperone may not participate in a District-sponsored field trip or event unless prior approval has been obtained from the building principal.
7. Chaperones who transport students in their personal vehicle must complete the District Private Transportation for School Activities form. You are expected to comply with all District and State student transportation rules and regulations. Be aware that your personal vehicle insurance provides primary coverage in the event of an accident or injury.
8. Be sure to know what to do in an emergency (medical emergency, natural emergency, lost child, serious breach of rule, etc.). Know who is first aid trained, where the first aid kit is, where the cell phone is kept, and who has the copies of parental permission slips with emergency phone numbers and medical information.

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In the event that I have a personal emergency, please contact:

\_\_\_\_\_

<i>Printed Name</i>	<i>Relationship</i>	<i>Daytime Phone</i>
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I acknowledge that I have received the copy of the “Guidelines for Volunteer Field Trip” Chaperones,” have read these guidelines, and agree to comply with the guidelines as a school volunteer.

Name\_\_\_\_\_ Date\_\_\_\_\_

*Printed Name*

Name\_\_\_\_\_

*Signature*



Hamilton School District  
**VOLUNTEER DISCLOSURE STATEMENT**  
**YOU MUST ANSWER ALL EIGHT (8) ITEMS ON THIS FORM.**

\_\_\_\_\_

Applicant/Volunteer Name (Please Print)

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: *(the term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred prosecution, or suspended sentence occurred).*

- |   |   |
|---|---|
| <input type="checkbox"/> Deliberate homicide  | <input type="checkbox"/> Robbery  |
| <input type="checkbox"/> Mitigated deliberate homicide  | <input type="checkbox"/> Sexual assault   |
| <input type="checkbox"/> Negligent homicide   | <input type="checkbox"/> Sexual intercourse without consent                                   |
| <input type="checkbox"/> Aiding or soliciting suicide   | <input type="checkbox"/> Indecent exposure  |
| <input type="checkbox"/> Vehicular homicide while under influence                               | <input type="checkbox"/> Deviate sexual conduct   |
| <input type="checkbox"/> Assault  | <input type="checkbox"/> Incest   |
| <input type="checkbox"/> Aggravated assault   | <input type="checkbox"/> Prostitution   |
| <input type="checkbox"/> Intimidation   | <input type="checkbox"/> Promoting prostitution   |
| <input type="checkbox"/> Negligent vehicular assault  | <input type="checkbox"/> Aggravated promotion of prostitution                                 |
| <input type="checkbox"/> Partner or family member assault                                       | <input type="checkbox"/> Endangering welfare of children                                      |
| <input type="checkbox"/> Criminal endangerment  | <input type="checkbox"/> Unlawful transactions with children                                  |
| <input type="checkbox"/> Negligent endangerment   | <input type="checkbox"/> Unlawful attempt to purchase or possession of intoxicating substance |
| <input type="checkbox"/> Partner or family member assault                                       | <input type="checkbox"/> Sexual abuse of children   |
| <input type="checkbox"/> Assault on peace officer or judicial officer                           | <input type="checkbox"/> Violation of order of protection                                     |
| <input type="checkbox"/> Assault upon sports official   | <input type="checkbox"/> Ritual abuse of minor  |
| <input type="checkbox"/> Assault on minor   | <input type="checkbox"/> Interference with parent-child contact                               |
| <input type="checkbox"/> Assault with weapon  | <input type="checkbox"/> Aggravated interference with parent-child contact                    |
| <input type="checkbox"/> Assault with bodily fluid  | <input type="checkbox"/> Parenting interference   |
| <input type="checkbox"/> Stalking   | <input type="checkbox"/> Criminal mischief  |
| <input type="checkbox"/> Malicious intimidation or harassment relating to civil or human rights | <input type="checkbox"/> Negligent arson  |
| <input type="checkbox"/> Unlawful restraint   | <input type="checkbox"/> Arson  |
| <input type="checkbox"/> Kidnapping   | <input type="checkbox"/> Burglary   |
| <input type="checkbox"/> Aggravated kidnapping  | <input type="checkbox"/> Public display or dissemination of obscene material to minors        |
| <input type="checkbox"/> Custodial interference   | <input type="checkbox"/> Obscenity  |
| <input type="checkbox"/> Subjecting another to involuntary servitude                            |   |
| <input type="checkbox"/> Trafficking of persons for involuntary servitude                       |   |

**CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

2. Check any of the following if you have ever been convicted of these crimes relating to financial exploitation where the victim was a vulnerable adult (*defined as adults of any age who lack the functional, mental, or physical ability to care for themselves*).

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Theft   | <input type="checkbox"/> Forgery   |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Any of the foregoing crimes as they may have been renamed |

- CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

IF YOU CHECKED ANY OF THE BOXES IN QUESTIONS 1 AND 2, INDICATING THAT YOU HAVE BEEN CONVICTED OF A CRIME (AS LISTED OR RENAMED), PLEASE ATTACH AN EXPLANATION.

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?  
 YES  NO
4. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?  
 YES  NO
5. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor, or to have physically abused any minor?  
 YES  NO
6. Have you ever been to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult?  
 YES  NO
7. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?  
 YES  NO
8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in Questions 1 through 7 above?  
 YES  NO

IF YOU ANSWERED YES TO ANY QUESTIONS 3 THROUGH 8, PLEASE ATTACH AN EXPLANATION.

I certify under penalty of perjury under the laws of the State of Montana that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant/Volunteer

\_\_\_\_\_  
Date

## Criminal Background Check

In order to ensure the safety of both our students and Volunteers we are requiring that all Volunteers complete a criminal background check.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous Names  
(if applicable): \_\_\_\_\_

Sex (M/F): \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted, plead guilty or been adjudicated before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)  
\_\_\_ YES \_\_\_ NO

If YES, please provide an explanation:

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

2. Have you ever received deferred or similar disposition for any federal, state or municipal criminal offense? \_\_\_ YES \_\_\_ NO

If YES, please provide an explanation:

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

3. Have you ever received probation or community supervision for any federal, state, or municipal criminal offense? \_\_\_ YES \_\_\_ NO

If YES, please provide an explanation:

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

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? \_\_\_YES\_\_\_NO

If YES, please provide an explanation:

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5. As of the date of this authorization, do you have any pending criminal charges against you? \_\_\_YES\_\_\_NO

If YES, please provide an explanation:

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This authorization and consent for release of personal information acknowledges that Hamilton School District may now or at any time conduct investigations including National Criminal Database search, National Sex Offender Registry Search and Social Security Number Verification.

I understand this investigation will be used to determine volunteer eligibility and assignment. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the district. In addition, I release and discharge the district and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

Further, I understand the selective reporting or nondisclosure of any prior convictions (excluding minor traffic violations) or any new convictions within three school years of my approved background check may result in termination of my volunteer eligibility with Hamilton School District.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF HAMILTON SCHOOL DISTRICT.

Applicant Print

Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

