

*VIP and Mentoring
Procedures
Bedford City Schools
2017-2018 School Year*

STEP I:

Volunteer VIP Form

- The VIP/Mentoring form is obtained from the building principal.
- The completed form should be returned to the building principal.
- The principal will sign the form and send it to Nadine Glyde.
- Nadine Glyde will call the applicant to set up an appointment to get their fingerprints done.

STEP II

Information for Fingerprinting

- **Location for fingerprinting:**
Administration Center
475 Northfield Road (next to Bedford High School)
Bedford, OH 44146
- **Contact Person:**
Nadine Glyde
Office: 440-439-4333 or email nglyde@bedford.k12.oh.us
- **Fingerprinting Times - Monday through Friday:**
8:00 a.m. to 11:00 a.m. & 1:00 p.m. to 4:00 p.m.

Charge:

- **No Charge to you.** The Board of Education will pay \$25.00, which is the cost we pay to the Ohio Bureau of Criminal Identification for FBI prints.

Documents required:

- Driver's license and a social security.

STEP III

- Once the prints are received from BCI, the building principal will be informed and will contact you.



Bedford City School District Volunteering Is Powerful (V.I.P.)

"Make a difference and volunteer today."



Section I

Former Volunteer (before 2014-2015)
 New Volunteer (after 2014-2015)

Please complete the following information:

Name:	Home #:	Cell #:
Address:		
City:	State:	Zip:

Do you have students attending the Bedford City School District. If yes, complete below:

Name:	School:	Teacher:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section II

Areas where volunteers are needed listed below. Please indicate an area(s) that you are interested in volunteering:

(x)	(x)
Reading Tutor (individual or small group)	Test Prep/Tutor
Math Tutor (individual or small group)	Library Aide
Language Arts Tutor (individual or small group)	Classroom Helper
Tutor, other (subject: _____)	Lunch/Recess Helper
Clerical/Office Helper	Mentoring
Special Projects (art show, book fairs, field days, math/science nights, school play, etc.)	Speaker (share a skill, hobby, career info.) Topic: _____
Other:	

References (Please provide name(s), relationship to you or title, & daytime phone number:

Name:	Relationship/Title:	Daytime Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day(s) & Times Available:

Please note: (1) Volunteers return this form to your principals. (2) Principals return this form after you sign it to Mrs. Glyde at the Administration Center. (3) A "district witness" can be a secretary, aide or teacher. (4) If you are a new volunteer, please make an appointment to meet with Mrs. Glyde for a fingerprint check.

Section III

Senate Bill 187, section 109.575, requires that we notify our volunteers that they MIGHT be required to be fingerprinted and a criminal records check might be conducted.

Volunteer Release Form

I have offered my services as a volunteer to help the Bedford City School District in the following areas:

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the district. **I understand that, although I am covered under the district's liability insurance policy, I am not covered by its health insurance policy, nor am I eligible for workers' compensation.** Should I become ill or suffer an accident while doing volunteer work for the district, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the district or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer service.

Volunteer's signature _____ Date _____

District Witness' signature _____ Date _____

Principal's signature _____ Date _____