



Volunteer Application Form

Name: _____ Date: _____

Address: _____
City Zip

Home Phone: _____ Preferred Email: _____

Date of Birth: _____ Place of Birth: _____ Male Female

Employer: _____ Job Title: _____

Work Address: _____ Work Phone: _____

Description of job duties: _____

Volunteer areas of interest: Elementary Middle High School

Specific school(s) and/or program(s) interest: _____

Are you a member of an organization or group of volunteers? Yes No

If yes, please specify the name of the organization/or group: _____.

Describe your experience working with young people: _____

_____.

References:

- | | | | | |
|----|------|---------|-------|-----------------------|
| 1. | Name | Address | Phone | Relation to volunteer |
| 2. | Name | Address | Phone | Relation to volunteer |
| 3. | Name | Address | Phone | Relation to volunteer |

In connection with your application to serve as a volunteer with Jackson Public Schools, please answer the following questions:

Mississippi House Bill 1340 requires any person who has been convicted of a sex offense who volunteers, or seeks to volunteer, for an organization in which volunteers have direct, private and unsupervised contact with minors to provide the organization with written notification of the conviction.

- Have you ever pled guilty to an offense other than a minor traffic violation? Yes No
- Have you ever pled "no contest" to an offense other than a minor traffic violation? Yes No
- Have you ever been convicted of an offense other than a minor traffic violation? Yes No
- Do you have any pending charges, other than a minor traffic violation? Yes No

If you answered "Yes" to any of the above questions, please list the particular circumstances.

Date	Location	Charge	Court	Disposition of Case

I understand that the Jackson Public School District reserves the right to verify all information in this application and that any false statements or any failure to disclose information may be sufficient grounds to deny the request to volunteer.

✓

Volunteer

Date

Confidentiality Statement:

The relationship between child and volunteer demands a high level of confidentiality. Volunteers may become aware of the problems and confidences of students, their parents and the school staff. These should never be discussed with anyone who does not have a professional right or need to know. If a volunteer suspects neglect, abuse, unlawful acts, or believe a student's well-being is threatened, it becomes the duty of the volunteer to report the matter. It will not be considered a breach of confidentiality to discuss such incidents with the classroom teacher, school counselor, assistant principal or principal.

I have read the above statement and will respect the confidentiality of the students and staff with which I will be working: _____

Volunteer

Date

My signature below confirms that I have shown a true and complete documentation of being fully vaccinated against COVID-19, or a negative COVID-19 test to: _____ (School/Department representative).

School/Department representative's initials: _____ Potential volunteer signature: _____

I have received the application for this volunteer. Pending a favorable disposition of the JPS background check, this applicant may begin volunteering at _____ (School or Department) in the role(s) of _____.

Principal/Department Head

Date

The aforementioned applicant has successfully completed their background check with the JPS Office of Campus Enforcement, and **may now proceed to serve as a volunteer** with Jackson Public Schools.

Signature

Date

The aforementioned applicant has completed their background check with the JPS Office of Campus Enforcement, **and is not approved to serve as a volunteer** with Jackson Public Schools.



Documentation of Vaccination Status for Volunteers

Jackson Public School District must provide a safe and healthy learning environment and workplace, consistent with COVID-19 public health guidance and legal requirements, to protect its students, parents, staff, and other stakeholders. According to the federal Centers for Disease Control (CDC) and the Mississippi Department of Health, COVID-19 poses a continuous threat to the safety and wellbeing of our community. Vaccination is the most effective way to prevent transmission and limit COVID-19 hospitalizations and deaths.

Due to the emergence of the COVID-19 Delta variant and the high transmission rate of COVID-19 in our area, Jackson Public School District recently implemented policy GAAJ. This policy requires that all employees, **volunteers and community visitors** show proof of vaccinations, or consent to weekly COVID-19 testing. Any employees, volunteers and community visitors who are not fully vaccinated, including those who are exempt due to medical reasons or sincerely held religious beliefs are required to complete weekly COVID-19 testing.

The cost of testing will be paid for by the District. District-funded testing will be conducted at sites and times identified by the District. Jackson Public School District will provide either onsite access to the vaccines, at no cost to employees, volunteers and community visitors, or a list of locations to assist these individuals in receiving the vaccine on their own.

Proof of Vaccination: Vaccination Record Cards issued from the CDC, in physical form or electronic vaccination record, must be shown to the JPS team member who is responsible for processing volunteer applications for their school or department. Unvaccinated volunteers and community visitors must show proof of negative COVID-19 testing results within three (3) days prior to their time in JPS sites.

A separate log sheet is to be maintained to document weekly negative test results. Volunteers or community visitors who refuse to provide vaccine documentation or submit to weekly testing, are not authorized to serve within JPS schools or departments.

Volunteers who have already submitted a volunteer application, are required to sign this form as an addendum to their application. In keeping with HIPPA guidelines, no vaccination record cards or testing results should be collected, copied or stored in any way. The volunteer coordinator confirms that they have seen this documentation by providing their names and initialing this form below.

My signature below confirms that I have shown a true and complete documentation of being fully vaccinated against COVID-19, or a negative COVID-19 test to: _____.
(School/Department representative)

School/Department representative's initials: _____ Potential volunteer signature: _____.



Log Sheet of COVID-19 testing
for unvaccinated
Volunteers and Community Visitors

Date	Name (print)	School or Department	Results

Volunteer Coordinator's Signature: _____

Date : _____