



## Volunteer Information

Welcome and thank you for your interest in volunteering with the Fairbanks North Star Borough School District. Volunteers who will be performing services near children outside the sight and sound of a district employee are required to complete the volunteer approval process.

**A review and/or completion of the following documents is required.**

**REVIEW**

- Blood Borne Pathogen and CMV Cytomegalovirus handout(s)
- Student Safety Packet at your volunteer location
- Background Check Requirement

**COMPLETE and Submit to Human Resources**

- Current Contact Information Sheet
- Records Confidentiality Agreement
- Picture ID

**Prior to beginning volunteer work**, Human Resources must complete the criminal history background check process. Return your complete packet to:

**Human Resources Department  
Fairbanks North Star Borough School District  
520 5<sup>th</sup> Avenue  
Fairbanks, AK 99701**

You will NOT be eligible to volunteer until the Human Resources Department can review the online criminal history background check report. The turnaround time for results could take five or more business days.

If you are approved as a volunteer, that approval is valid for two years from the date of approval. Volunteers are required to self-report any convictions that occur in the intervening time between background checks.

**Human Resources accepts only complete packets.**

**Incomplete packets will be returned to the school or the applicant.**



## Pregnant Women and CMV

### **What is CMV?**

CMV is a common virus that infects most people at some time during their lives but rarely causes obvious illness. CMV infection can become dormant and may reactivate at some point. The virus is carried by people and is not associated with food, water or animals.

### **Who gets CMV?**

Anyone can become infected with CMV. Almost all people have been exposed to CMV by the time they reach adulthood.

### **How is CMV spread?**

Although the virus is not highly communicable, it can be spread from person to person by direct contact. Transmission can also occur from an infected mother to her fetus or newborn and by blood transfusion and organ transplants.

### **What are the symptoms of CMV infection?**

Most children and adults who are infected with CMV do not develop symptoms.

### **Is CMV infection very serious to infants?**

Approximately 10 out of every 100 babies born in the United States will have CMV infection; but nine of these will have no symptoms and one may have significant illness involving nervous system damage or developmental disabilities.

### **What precautions should pregnant women take when performing patient care or child care?**

Pregnant women should practice good hygiene and carefully wash their hands after caring for patients or children. This is particularly important when handling diapers or having contact with the child's urine or saliva. Good hygiene and careful hand washing are the most important control measures. Pregnant women should minimize direct exposure to saliva and avoid kissing babies or young children on the mouth. Hugging is fine and is not a risk factor. Routine blood testing during pregnancy for CMV antibody is not generally recommended. Pregnant women should consult their physician on an individual basis regarding this issue.

***Volunteer(s) who have questions about CMV contact the school nurse or the district nursing director.***



# Blood Borne Pathogens

Blood borne pathogens are microorganisms in the blood or other fluids that can cause illness and disease in people. These microorganisms can be transmitted through contact with contaminated blood and body fluids.

## Means of Transmission

Blood borne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. This can occur through a number of pathways such as:

- An accidental puncture by a sharp object contaminated with the pathogen.
- Open cuts or skin abrasions coming in contact with contaminated blood or body fluids
- Indirect transmission (a person touches dried or caked on blood and then touches the eyes, mouth, nose or an open cut) (HBV only)

Blood borne pathogens are NOT transmitted by touching an infected person, through coughing or sneezing or by using the same equipment, materials, toilets, or water fountains as an infected person.

## Minimizing Exposure

Standard Precautions

- All body fluids and blood should be handled as if they were contaminated.

***Volunteers who have questions about the school district's Blood Borne Pathogens Exposure Control Plan should contact the school nurse, district nursing director or go to our website at:***

**<http://www.k12northstar.org/departments/hr/employee-training-handbooks>**



# Volunteer Packet

## Background Check Program

Fairbanks North Star Borough School District strives to provide a safe and secure environment for students, staff and volunteers. To further this goal, the School District may conduct background checks on volunteers who perform duties around children that are not within sight and sound of a District employee.

Please be advised as a part of your volunteer process, you will be asked to complete a background check authorization. **You will receive an email with a link to complete the background check information from the School District's third party consumer reporting agency – True Hire.** We request that you complete this information request within 48 hours of email receipt. You can make arrangements to use a personal computer or may use the district computers available outside the Human Resources Department to complete this request.

The background check report may take five or more business days for completion. Volunteers may **NOT** perform services in the schools until this background check process has been completed and the Human Resources Department approval for volunteer placement has been received. You will be notified when you have been approved to begin volunteer work in the school.



# Current Contact Information

Name \_\_\_\_\_ F # \_\_\_\_\_  
Print clearly (if known)

UAF Student/Practicum

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical street address \_\_\_\_\_  
(if different from mailing address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_  cell  home  other

Telephone # \_\_\_\_\_  cell  home  other

Email Address (print clearly): \_\_\_\_\_

School location/program interested in volunteering at: \_\_\_\_\_

*I recognize that I am neither an employee nor an independent contractor. I understand I serve as a volunteer at the discretion of the school district. I also understand that if approved, my volunteer approval is valid for two years from the date of approval. I understand that I am required to self-report any convictions that occur in the intervening time between background checks.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>For FNSBSD HR Use:</b>	
<i>Items received:</i>	
<input type="checkbox"/> Current Contact Information sheet	Date packet turned in to FNSBSD HR: _____
<input type="checkbox"/> Identification Document	HR employee accepting packet: _____
<input type="checkbox"/> Statement of Confidentiality Agreement	Date volunteer notified of volunteer status: _____

## Fairbanks North Star Borough School District Statement of Confidentiality Agreement

Our school is a vital part of the community. Respecting one's privacy and confidentiality is very important:

- Each student with whom you work has a right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school employees, as designated by the administrators of each school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety or well-being. This obligation extends to written and verbal information.
- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers other than suspected cases of child abuses or neglect, scout leaders, coaches, clergy, or nurses/physicians (a grave medical emergency, where confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to authorized school employees (typically a student's teacher or principal).
- Parents, friends, or community members may, in good faith, ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may **NOT** share information about a student, even with members of your own family or his/her family.
- Employees have a right to expect their personal information also be kept confidential. Volunteers may become aware of employee personal information through the course of their activities. You are asked to respect the privacy of the individuals by not sharing this information with others. If you have a concern about this private information, you may discuss your concerns with the associated school principal or program supervisor.

I understand the expectations outlined above and agree to abide by the confidentiality guidelines set forth.

\_\_\_\_\_  
**Signature:** Volunteer

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name:** Volunteer