FIELD TRIPS AND STUDENT TRAVEL CHECKLIST
LOCAL/DOMESTIC/international/senior class trips
Based on the destination of the field trip, check all boxes that apply.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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*These forms are completed during school registration. Ensure these forms are in the students' school folder.*

- Medication and Treatment Authorization Form*
- Asthma Action Plan*
- Action Plan for Anaphylaxis*

---

1200 First Street NE; 8th Floor | Washington, DC 20002 | T 202.442.5030 | F 202.442.5019 | www.dcps.dc.gov
Application for Permission
Field Trips and Student Travel Proposal
(Local, Domestic and International)

All field trips and student travel undertaken under the auspices of the District of Columbia Public Schools must be planned and executed in compliance with the guidelines stated in DCMR, Title V, Chapter 23, Section 2308.1-2308.2 and Directive 310.6.

There shall be no money collected for a field trip before it is approved by the appropriate individual. Please be reminded, if timelines are not met there is a risk of non-approval of the field trip request.

1. Every trip must have a Sponsor, a teacher or other staff person responsible for organizing the trip and completing required paperwork.
2. The Sponsor should carefully review Directive 310.6 for detailed guidelines and requirements.
3. Submit this application for preliminary approval of all student travel.
   - **For local travel (less than 30 miles):** Requires approval of the school Principal.
   - **For domestic travel (beyond 30 miles beyond the district line and within the continental US):** Submit 21 days prior to travel and requires approval of the school Principal and the Instructional Superintendent.
   - **For international travel:** Submit 6 months prior to travel and requires approval of the school Principal, Instructional Superintendent, Chief of Schools and the Chancellor, respectively.
4. Notice of approval or disapproval from the central office will be transmitted to the Principal and Instructional superintendent.
5. Unless the trip is disapproved, the Sponsor should proceed with planning, developing a more detailed plan, transmitting complete information to students and parents, and completing all requirements outlined in Directive 310.6.
6. All required documentation listed on the Field Trips and Student Travel Checklist must be attached for final approval.

### I. Basic Information

<table>
<thead>
<tr>
<th>Check One</th>
<th>Local Travel</th>
<th>Domestic Travel</th>
<th>International Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School:</td>
<td>Submission Date:</td>
<td></td>
<td></td>
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<tr>
<td>Trip Sponsor/Organizer:</td>
<td>Sponsor's Title:</td>
<td></td>
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<tr>
<td>Sponsor's e-mail address:</td>
<td></td>
<td></td>
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<tr>
<td>Sponsor's Phone Number (w):</td>
<td>(h):</td>
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<tr>
<td>Co-sponsoring organization(s), if any</td>
<td></td>
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<tr>
<td>Destination:</td>
<td></td>
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<tr>
<td>Departure Date:</td>
<td>Departure Time:</td>
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<tr>
<td>Return Date:</td>
<td>Return Time:</td>
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II. Teaching and Learning Framework (see Field Trip Resource Guide for Field Trip Lesson Plan Worksheet and unit and lesson plan exemplars)

1. Priority Content Standard(s) to be addressed with Field Trip (e.g., "Life Science 3.6.3 Compare and contrast how life cycles vary for different living things.")):

2. Field Trip Lesson Objective (e.g., "By the end of the field trip, students will be able to..."):

3. Method of Assessment of Field Trip Lesson Objective Proficiency (e.g., "How you will know if your students learned what you wanted them to learn during the field trip."):

III. Student Supervision/Chaperone Guidelines

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Adult to Student Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K – 6</td>
<td>1 adult for every 10 students</td>
</tr>
<tr>
<td>Grades 7 – 12</td>
<td>1 adult for every 15 students</td>
</tr>
<tr>
<td>International</td>
<td>1 adult for every 10 students (with a minimum of 2 adults)</td>
</tr>
</tbody>
</table>

1. Number of students participating
   _____Male  _____Female

2. Number of chaperones
   School Personnel _____ Male  _____ Female
   Parents _____  Other _____

3. Student Grade(s)  Substitute teacher needed
   _____ Yes  _____ No

4. Have reasonable accommodations been made for students with disabilities?
   _____ Yes  _____ No  _____ N/A

5. Is a Trained Medication Giver traveling with students?
   _____ Yes  _____ No  _____ N/A

6. Which of the following will be required, if applicable?
   Passports _____  Visas _____  Inoculations _____

7. Actual number of students NOT participating ________ (attach lesson plan)

   Brief description of instructional and supervisory arrangements for student NOT participating in field trip:

8. Brief description of why student(s) is NOT participating in field trip:
IV. Funding
Projected source of funds (projected amount in each category)

- DCPS funds
- Participant payment
- Private fundraising

Only complete items that are applicable:

- Lodging
- Cost of entrance
- Cost of special activities (tours, performances, films, etc.)
- Transportation
- Food/snacks
- Other costs
- Total cost per person

If fundraising is required, what will be your strategy for raising funds?


V. Transportation/Travel/Lodging

- School Bus (complete request form)
- Public Carrier

Name on Group/Travel Accident Insurance Policy

Name on Lodging Certificate of Insurance

☐ As of the date of this application, no travel advisory for this destination has been issued by the US State Department. Refer to www.state.gov and www.cdc.gov for this information.

VI. Approval

Signature of Sponsor (required for all trips)

☐ I certify that procedures required in Directive 310.6, dated, (------------) have been reviewed and will be followed.

Sponsor ___________________________ Date ________

Signature of Principal (required for all trips)

☐ Approve  ☐ Disapprove  Principal ___________________________ Date ________

Signature of Instructional Superintendent (required for domestic travel and international travel)

☐ Approve  ☐ Disapprove  Instructional Supt. ___________________________ Date ________

Signature of the Chief of Schools (required for international travel only)

☐ Approve  ☐ Disapprove  Chief of Schools ___________________________ Date ________

Signature of Chancellor (required for international travel only)

☐ Approve  ☐ Disapprove  Chancellor ___________________________ Date ________
# Student Information Sheet for Field Trip

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>GENDER</th>
<th>ADDRESS</th>
<th>PARENT/GUARDIAN NAME</th>
<th>PHONE #</th>
<th>EMERGENCY CONTACT NAME</th>
<th>EMERGENCY PHONE #</th>
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PARENTAL CONSENT FOR FIELD TRIP

School Name:__________________________________________

Name of Field Trip:____________________________________

Destination of Field Trip:________________________________

Dates of Travel:________________________________________

Participant’s Name:______________________________________ Date of Birth:________

Home address

State

Zip Code

Home Phone

Emergency Phone

Cell Phone

Check one (an application must be completed for each child):

☐ I (adult student) agree to participate in this field trip.

☐ I (parent) give permission for my child to participate in the field trip.

By signing this agreement we understand:

• That the District of Columbia Public Schools reserve the right to cancel a trip at any time. In addition, the school system is not responsible for any financial losses if a trip is cancelled for the safety of both students and staff members.

• That the District of Columbia Public Schools Directive 310.6 Field Trips and Student Travel and DCMR Title 5, Chapter 25 Student Discipline policy are in effect.

• We further understand that a violation of trip’s rules and regulations may result in the participant being sent home at their expense.

Parent/Guardian/Adult Student Signature ___________________________ Date __________

Participant’s Signature _______________________________________ Date __________
RELEASE FOR
MEDICAL AUTHORIZATION
ACKNOWLEDGMENT/ASSUMPTION OF RISKS

Name of Activity/Field Trip: _____________________________________________

DCPS School: __________________________________________________________

Activity Date(s): ________________________________________________________

Activity Times: __________________________________________________________

Location: _______________________________________________________________

Please return this form to ____________________________ before your child participates in the activity/field trip.

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

I acknowledge and agree as follows:

1. [If the student is under 18 years of age] I hereby give permission for my child, __________________________ [name], to participate in the activity/field trip listed above.

2. As the parent or legal guardian of a child under 18, or as a student 18 years of age or older, I acknowledge that I must sign a Release for Medical Authorization Acknowledgement/Assumption of Risks Agreement for my child before he or she can participate in the activity/field trip listed above.

3. My child will perform only those tasks assigned, will observe all safety rules, and will use care in the performance of all activities. If I participate in the activity/field trip, I will perform only those tasks assigned to me, will observe all safety rules, and will use care in the performance of all activities.

4. I acknowledge that there are risks associated with the activity/field trip list above, and I agree to assume all such risks. The District of Columbia Public Schools and/or sponsor(s) are not liable for any accidents which may occur while the participant is on the trip.
6. Should it be necessary for my child to receive medical treatment while participating in this activity/field trip, I give District of Columbia Government personnel permission to use their judgment to obtain medical services for my child, and I give permission to the physician selected by District of Columbia Government personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District of Columbia Government has no insurance covering any medical or hospital costs incurred in connection with this activity/field trip, and that any costs incurred for such treatment shall be my sole responsibility.

Please check the appropriate line or lines below:

______ I am covered by accident/medical insurance (if you will be participating)
______ My child is covered by accident/medical Insurance.
______ My child is not covered by accident/medical Insurance.

7. I agree to release and not to sue the District of Columbia or any agency, employee, officer, agent, or representative of the District of Columbia in regard to any and all claims, liabilities, suits, or expenses (hereafter collectively "claims"), including claims caused or alleged to be caused by negligence, for any injury, damage, or other loss to me or my child in any way connected with my child’s participation in the activity/field trip listed above. I agree to waive all claims I or my child may have against the District of Columbia or any agency, employee, officer, agent, or representative of the District of Columbia arising out of or in any way relating to the activity/field trip listed above and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against the District of Columbia or any agency, employee, officer, agent, or representative of the District of Columbia arising out of or in any way relating to the activity/field trip listed above.

8. I agree to discharge, indemnify and hold harmless the District of Columbia; any agency, employee, officer, agent, or representative of the District of Columbia; and all sponsors and participating volunteer organizations and their agents, employees and representatives, from all claims, demands, actions or
judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of the activity/field trip listed above.

9. I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY CHILD AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

All adults participating in the field trip/activity (including students 18 years of age or older) and the parent or guardian of any student under 18 participating in the field trip/activity are trip are required to sign below.

________________________________________________________________________
Parent, Guardian, Participating Adult, or Student 18 Years of Age or Older [Print Name]

________________________________________________________________________
Signature                                      Date

________________________________________________________________________
Address

________________________________________________________________________
Contact Information / Telephone Numbers

Emergency Contact: ____________________________________________

Emergency Phone Number: ________________________________________

If you do not understand this form please contact ____________________________________________
Principal / Representative
Water Activity – Parent/Guardian Permission Form
Assumption of Risk/Permission to Participate

This is an addendum to the Release for Medical Authorization Acknowledgement/ Assumption of Risks.

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understand, and agree to the following:

Field Trip Destination

Purpose

I hereby give my permission for ________________________________, who attends ___________________________ to participate in a field trip on ___________________________.

(Print Student’s Name)

School Name

Date

Water Activity/Pool Guidelines - Please read and explain these Water Safety Guidelines to your student:
- Never enter the water without a certified lifeguard in the water activity/pool area.
- Do not run while on the pool deck.

As an optional part of this field trip, water activities and/or public swimming pool with lifeguards will be made available for his/her use. Every reasonable measure of safety will be provided for your child, but the parent needs to be advised that this activity is optional. Although there may be certified lifeguards on duty, there are certain inherent risks involved in swimming/water activities, including the possibility of death, drowning, paralysis, serious physical injury, impairment of student's future ability to earn a living or to generally enjoy life.

I hereby assume all the risks normally associated with swimming/water activities and agree to hold the District of Columbia Public Schools System, its employees, agents, representatives, coaches, and chaperon harmless from any demands, claims or action. I also agree that the aforementioned shall not be liable for any accident or injury or be responsible for payment of any bills for medical services resulting from the student’s participation in this water/swimming activity. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Please indicate, by signature below that you and your child understands the risks involved and agree or decline participation in the water activities.

AGREE: Being fully informed about the Water Safety Guidelines and the risks mentioned in the Addendum: Water Activity/Pool Guidelines above, I hereby consent to the student named above participating in the Water/Swimming Activity.

Student’s Signature (if over 18-years-old)  Date

Parent’s/Guardian’s Signature  Date

DECLINE: By signature below, I specifically request that the student named above does not participate in the Water Activity.

Student’s Signature  Date

Parent’s/Guardian’s Signature  Date
DISTRICT OF COLUMBIA PUBLIC SCHOOLS
NON-SPONSORED FIELD TRIP NOTIFICATION

In accordance with DCPS Directive 310.6 – Field Trips and Student Travel, the employee organizing a non-school sponsored trip shall submit this completed form to his/her supervisor and to the principal(s) of students involved in the trip. This documentation verifies that parents and students have been notified that the trip is not sponsored by the District of Columbia Public Schools (DCPS) and DCPS and its officials assume no responsibility or liability for the trip.

A copy of the approved form must be submitted to the employee’s principal(s) for each participating student.

Student’s Name ________________________________

Destination ________________________________

Date(s) ________________________________

NOTIFICATION TO PARENTS/GUARDIANS

Dear Parent/Guardian:

This is to advise you that the above listed trip is a Non-DCPS school sponsored trip.

Your signature below indicates you acknowledge this trip is not a DCPS sponsored trip, you understand the participants are not insured under the District of Columbia’s School System policy, and DCPS assumes no responsibility for any aspect of the trip. The sponsor of the non-DCPS school sponsored trip must ensure that all funds are raised to cover all related expenses of this trip.

Students may receive an excused absence for participation in a valid educational opportunity upon prior approval of the principal. If this approval is not received, should your child miss any time from school while participating in this trip, he/she would receive an unexcused absence.

Parent/Guardian Signature ________________________________ Date ________________________________

Adult Student Signature (if over 18-years-old) ________________________________ Date ________________________________

Employee Signature (acting independently from DCPS) ________________________________ Date ________________________________
Volunteer Application (revised 3/29/11)

Thank you for your interest in volunteering in the District of Columbia Public Schools (DCPS). Each year, thousands of motivated individuals like you use their skills, resources and knowledge to impact student achievement in DCPS.

Volunteer Application Processing & Fingerprinting Hours: Tuesdays and Thursdays, 9 a.m. – 3:30 p.m., or by appointment

Bring the below documents to the Volunteer Coordinator at 1200 First Street NE, 12th Floor, Washington, DC 20002. After your application is approved, you will be directed to our fingerprinting office.
1. Tuberculosis (TB) Verification (provided by applicant, taken within one year of the application date)
2. Completed DCPS Volunteer Application
3. State issued photo identification (example: passport, driver’s license, government ID)

You will receive a verification letter at the address listed on your application in approximately 5 – 10 business days after completing fingerprinting. Bring the verification letter to your school as proof of clearance. If we can be of any further assistance, please contact the Volunteer Coordinator at dcpsvolunteers@dc.gov or 202-442-5447.

Additional forms and information are available at http://www.dcps.dc.gov/DCPS/volunteer

Middle and high school students: Do not complete this volunteer application. Please download or request a “student volunteer application.”

If you have an active federal security clearance: Please download or request a “federal security clearance verification form” and submit it with your application in lieu of the fingerprinting requirement.

Groups of 20 or more volunteers: Please contact the fingerprinting office at 202-442-5043 to inquire about scheduling a fingerprinting session at your location.

A volunteer clearance is valid for 2 years. The criminal background investigation code set by the District of Columbia states: “Background checks shall be conducted for all DCPS employees/unsupervised volunteers at least every two years.” Volunteers must comply with this code and make immediate disclosure in writing to DCPS of any arrests or convictions.

Volunteer Statement of Commitment (Retain for your records)

As a volunteer working in the District of Columbia Public Schools (DCPS), I agree to:

- Sign In and Out at the designated place during each visit.
- Identify myself as a volunteer. Receive and wear a badge or nametag provided by the front office to ensure school safety. This will ensure that you are acknowledged as a contributing member of the school team during your volunteer time.
- Attend a volunteer orientation when they are offered to become familiar with DCPS policies, procedures and best practices.
- Honor the commitment to work as scheduled. If you have a child in DCPS, please do not use your volunteer time to speak to your child’s teacher or other staff members about your child. Schedule an appointment to address concerns related to your child.
- Notify the DCPS representative assigned to work with me if I must be absent from a volunteer commitment.
- Abide by all the school rules and DCPS policies and regulations that are applicable to me.
- Maintain the confidentiality of any information I learn during volunteer work. When you discuss student needs with teachers, you may learn some personal information. Such information must remain confidential and must not be discussed, except with appropriate staff members as needed.
- Inform appropriate staff members (teachers, school counselor and school principal) if I suspect or learn that a child is in danger or exposed to any type of abuse or neglect.
Criminal Background Check
Fingerprinting Authorization, Affirmation, and Disclosure Form

Personal Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden and/or Prior Name(s):</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
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<tr>
<td>Telephone:</td>
<td>Email:</td>
<td></td>
<td></td>
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<tr>
<td>Check:</td>
<td>☐ New Hire</td>
<td>☐ Promotion</td>
<td>☐ Volunteer</td>
</tr>
<tr>
<td>Position Title:</td>
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<tr>
<td>Grade:</td>
<td>Effective Date:</td>
<td>School/Office:</td>
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</table>

Criminal Background Information — You must answer each question in this section before we can process your application

When answering the following questions you may omit: (1) any violation of law committed before your 18th birthday, if finally decided in juvenile court; (2) any conviction, the record of which was expunged under federal, state, or local law.

YOU MUST LIST ALL OTHER CONVICTIONS FOR ANY CRIMINAL OFFENSES.

We will consider the date, facts, and circumstances of each event you list.

1. **Convictions:** Have you ever (except as stated above) been convicted of any criminal offense? ☐ Yes ☐ No
   
   If "Yes" continue to Question 2. If "No" continue to Question 5.

2. **Explanation of Convictions:** Please give the following details for each conviction: (date of offense, charge(s) you were convicted of, place of violation, sentence/incarceration length, any additional information necessary):

   | | | | |

3. **Probation/Parole/Supervised Release:** Are you currently on probation, supervised/unsupervised release from prison, or parole? ☐ Yes ☐ No
   
   If "Yes" please state: (1) start/end dates; (2) conditions of probation/release/parole.
1. **Pardons:** If you received a pardon(s) for one or more of your criminal convictions, review the law concerning pardons in the state where you received your pardon. Some states do not expunge at a conviction even if it you have received a pardon for it. If you have been pardoned for an offense but it has not been expunged, list the offense.

2. **Pending Criminal Charges:** Do you currently have any pending criminal charge(s)/case(s) against you (no time limitation)? □ Yes □ No
   If “Yes”, please list the charges below.

---

**United States Armed Services**

Have you ever been discharged from the Armed Services under other than Honorable conditions? □ Yes □ No
If “Yes,” please provide the following details: date of offense, charge(s) you were convicted of, place of violation, sentence/incarceration length, any additional information necessary.
Criminal Background Check Affirmation

Please read the listed offenses and then circle the appropriate declarations in the next section.

(1) Murder, attempted murder, manslaughter, or arson;

(2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;

(3) Burglary;

(4) Robbery;

(5) Kidnapping;

(6) Illegal use or possession of a firearm;

(7) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;

(8) Child abuse or cruelty to children; or

(9) Unlawful distribution of or possession with intent to distribute a controlled substance.

__________________________________________________________________________________________

DIRECTIONS: CIRCLE ONE DECLARATION TO COMPLETE AND AFFIRM EACH STATEMENT

I have / I have not been convicted of any of the above listed offenses or their equivalent either in the District of Columbia, or in any other state or territory.

I have/ I have not pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

I am / I am not on probation before judgment or placed upon a stet docket for a case involving any of the felony offenses listed above.

I have / I have not been found not guilty by reason of insanity for any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

__________________________________________________________________________________________

AFFIRMATION

I hereby affirm my responsive declaration to each statement on this Affirmation form.

__________________________  ______________________
Signature                  Date

__________________________
Printed Name
Acknowledgment of Receipt

I have been informed that the District of Columbia Public Schools is authorized to conduct a criminal background check on me and may choose to deny employment or a volunteer position to me, or terminate my employment or volunteer position, based on the outcome of the criminal background check. I have been informed of my right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of that report.

_________________________  _______________________
Signature                     Date

Certification and Authorization of Criminal Background Check

I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Code § 1-661.51 et seq. (2001) and D.C. Mun. Regs. §§ 405.8 and 407.1). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Code § 22-2405 et seq. (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

I hereby authorize the District of Columbia Public Schools to conduct a criminal background check.

_________________________  _______________________
Signature                     Date

FOR OFFICIAL USE ONLY

EMPLOYEE/APPLICANT/VOLUNTEER

____________/____________/_________
Reported for Finger Printing on:

Staffing Specialist/Volunteer Coordinator Authorization:

Print Name: ___________________  Signature: ___________________

_________________________
Staffing Specialist/Volunteer Coordinator

Fingerprinting Authorization:

Print Name: ___________________  Signature: ___________________

_________________________
Fingerprinting Technician
DCPS School Name

Referred by (individual or organization name): ________________________________

Type of applicant (circle one): Community Volunteer  Parent Volunteer  UELIP Intern  Other: ________________________

If you are a parent, please list the DC Public Schools school(s) your child/children attend:

__________________________________________________________________________

__________________________________________________________________________

Acknowledgment of Risks, Assumption of Risks, and Release/Waiver Agreement for DCPS Volunteer Activities

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

I acknowledge and agree as follows:

1. I have read and will abide by the Volunteer Statement of Commitment.
2. That I must sign the District of Columbia Public Schools’ (DCPS) Acknowledgement of Risks, Assumption of Risks, and Release/Waiver Agreement before participating in the DCPS volunteer activity listed above.
3. That if I am the parent or legal guardian of a child under 18, I must sign a separate Acknowledgement of Risks, Assumption of Risks, and Release/Waiver Agreement for the child before they can participate in the volunteer activity listed above.
4. That some of the activities include risks that may cause or lead to injuries to volunteers. I understand that DCPS staff, employees or other personnel cannot assure volunteers’ safety or eliminate these risks. I am voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for the risks of this activity (both known and unknown), and for any injury, damage, or other loss suffered by me, resulting from those risks.
5. That I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.
6. That I will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability.
7. That I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely.
8. That I am volunteering my services for the activity listed above on a voluntary basis without anticipation of payment or compensation of any kind.
9. That I agree to release and not to sue DCPS in regard to all claims, liabilities, suits, or expenses (hereafter collectively claim or claims), including claims caused or alleged to be caused by the negligence of DCPS, for any injury, damage, or other loss to me in any way connected with my participation in this activity, or my use of DCPS equipment or facilities. I understand that I agree to waive all claims I may have against DCPS, and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against DCPS.
10. That I hereby agree to discharge, indemnify and hold harmless, DCPS, all sponsors, and participating volunteer organizations, and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of the activity listed above.
11. That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as an employee of DCPS or their sponsors, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from DCPS or their sponsors, nor will I make such claim.
12. That I have carefully read, understand and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

Name (Print): ___________________________________ Signature: ___________________ Date: __________________

Emergency Contact Name/Phone Number: ____________________________________________

1200 First Street, NE  |  Washington, DC 20002  |  T 202.442.5447  |  F 202.442.5026  |  dcps.dc.gov  |  7
High School Student Volunteer Application

Personal Information

Name:

(Last) (First) (Middle)

Current Address:

City: State: Zip Code:

Telephone: Email:

Date of Birth:

Emergency Contact:

Contact’s Phone:

Your School:

Grade:

Volunteer Site (DCPS School Name):

Volunteer Statement of Commitment

As a volunteer working in the District of Columbia Public Schools (DCPS), I agree to:

- Sign In and Out at the designated place during each visit.
- Identify myself as a volunteer. Receive and wear a badge, nametag or sticker provided by the front office to ensure school safety. This will ensure that you are acknowledged as a contributing member of the school team during your volunteer time.
- Attend a volunteer orientation when they are offered to become familiar with DCPS policies, procedures and best practices.
- Honor the commitment to work as scheduled.
- Notify the DCPS representative assigned to work with me if I must be absent from a volunteer commitment.
- Abide by all the school rules and DCPS policies and regulations that are applicable to me.
- Maintain the confidentiality of any information I learn during volunteer work. When you discuss student needs with teachers, you may learn some personal information. Such information must remain confidential and must not be discussed, except with appropriate staff members as needed.
- Inform appropriate staff members (teachers, school counselor and school principal) if I suspect or learn that a child is in danger or exposed to any type of abuse or neglect.

The above student meets the following requirements for volunteering in DC Public Schools:
1. The student is enrolled in a DC Public, Private or Charter school.
2. The student meets all immunization requirements for his/her school.
3. The student’s volunteer activities will be monitored by a DCPS staff member at the volunteer site.
4. Student has read and agrees to the Volunteer Statement of Commitment.

Signature **required** – DCPS staff member at the volunteer site

Signature **required** – Representative from student’s school

Signature **required** – Student

A copy of this form should be retained by all signing parties. The original letter must be sent to the Volunteer Coordinator at 1200 First St. NE, 12th Fl., Washington, DC 20002. dcpsvolunteers@dc.gov phone: 202-442-5447 fax: 202-442-5026
College/University Student – TB Test Verification Form

Requirements for TB Test Verification

This document confirms that the volunteer below meets the following requirements for submitting a TB test verification from his/her College or University.

1. The volunteer listed below is enrolled at __________________________ (name of College/University) and was subject to TB testing as a condition of enrollment. The volunteer tested negative for TB at the time of enrollment.

Volunteer Information

Name:

(Last) (First) (Middle)

Print – College/University Representative

Title

Signature – College/University Representative

Date

Phone

Email

College/University Name

College/University Address

City State Zip

This original form must be attached to the DCPS Volunteer Application.

For questions, please contact the Volunteer Coordinator at dcpsvolunteers@dc.gov or phone: 202-442-5447.