

REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY



Rose Lyons
Phone: 724-646-5501
Facsimile: 724-917-2549

Criteria for Employment Consideration Volunteer Coaches/Advisor Positions

Application

Clearances

Act 24 Arrest Verification

Act 34 PA State Criminal Clearance or PATCH Response

Act 151 Child Abuse Clearance

Act 114 FBI Fingerprint Clearance or Registration No. for Online Verification

Physical Exam Report (permitted to go back 12 months)

TB Test Report (permitted to go back 12 months)

I-9 Homeland Security Form

Web Release

Internet Use Policy

Nepotism Policy

Emergency Calling Form

Driver's License

Social Security Card

Online Training Assignments

Thank you for your interest in becoming a volunteer. We will need the following personnel paperwork before you can be recommended as a Volunteer. **INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.**



Reynolds School District

531 Reynolds Road, Greenville Pa 16125, Mercer County

Phone: 724-646-5501

TO: Head, Assistant and Volunteer COACHES
FROM: Steve Waleff, Athletics Director/Athletics Trainer
RE: PIAA Registration / Mandatory Trainings

First of all thank you for coaching for the Reynolds School District. Beginning in 2018, all paid, and volunteer [HIGH SCHOOL Coaches \(Grades 7-12\)](#) must register with PIAA and set-up a coach profile that will follow you wherever you coach. You must take several coaching online courses from each category of coursework. You must then upload the certificates to the PIAA website under your profile.

In addition, both [HIGH SCHOOL & ELEMENTARY Coaches](#) must obtain annual Concussion and Cardiac wise training each school year. The training certificates must be dated after [JULY 1](#) and do not get uploaded to PIAA.

1. [High School Coaches: REGISTER WITH PIAA / SET-UP COACH PROFILE:](#)

Each coach will need to go to the PIAA website at www.piaa.org and log-in on the gold box in the top right corner of the screen - click the coaches tab. Each coach will need to create a profile by clicking "Register" and follow the steps to create a new user profile. Once you have created a profile you can then access the Coaching Education System. When logged in, select each school you will be affiliated with (you can add or delete it at later dates). Simply start typing the school's name and the system will match it with available schools (Reynolds should get you to us!).

2. [High School/Elementary: OBTAIN MANDATORY TRAININGS:](#)

You can access the [SafeSchools Training](#) website at <https://reynolds-pa.safeschools.com/login>. Each coach will need to obtain a username to log in from Charity Anderson located in the district Administration Offices.. We will create or use employee IDs for usernames. **There are 11 courses in the "Fundamentals of Coaching Coursework" module and 6 courses in the "First Aid Coursework" module for an approximate total of 7 hours of training, which are mandated and required by PIAA for paid and volunteer coaches. There are 2 more course modules for [Concussion and Cardiac wise](#) trainings that must be done each year and must be dated after July 1st of the school year you will be coaching in. Concussion and Cardiac wise trainings are located at the bottom of the online listing under "Mandatory Trainings."**

3. [High School Coaches: UPLOAD TRAINING CERTIFICATES TO PIAA:](#)

In the PIAA Education Requirements section, you will upload certificates of completion or transcripts to support completion of the required coaching and first aid courses. You will need to save them to your computer as a PDF document to upload to PIAA.

[The coursework is required for you to begin coaching.](#) We are able to look on-line and see that you have completed these programs and satisfied the new PIAA requirement. Luckily, the **PIAA** requirement is only ONCE in your coaching career except for concussion and cardiac training. If you have difficulties, please let Charity Anderson know. **If you do not complete the mandatory training, you will be suspended immediately. You cannot coach until all pre-employment requirements are met.**

Thank you for all you do to help the students at Reynolds School District!



REYNOLDS SCHOOL DISTRICT
531 REYNOLDS RD.
GREENVILLE, PA 16125
(724)-646-5500

VOLUNTEER APPLICATION

(VOLUNTEER COACHES/ADVISORS)

ALL PRE-EMPLOYMENT REQUIREMENTS MUST BE MET PRIOR TO STARTING EMPLOYMENT

PERSONAL INFORMATION

FULL NAME:

ADDRESS:

DATE OF BIRTH:

PHONE NUMBER:

SOCIAL SECURITY NUMBER:

EMAIL:

Do you possess the following documents?
(Attach Copies)
All clearances must be less than one (1)
year old.

FBI Criminal History
Record (Act 114)

☐ Yes
☐ No

PA Criminal
History Clearance
(Act 34)

☐ Yes
☐ No

Child Abuse
Clearance
(Act 151)

☐ Yes
☐ No

Position Applying For: _____

WORK EXPERIENCE: List your last three places of employment.

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

EDUCATION:**NAME****ADDRESS****Years Completed**

Elementary:

High School:

College:

Other:

Other information regarding talents/skills/experiences:

REFERENCES:**NAME****ADDRESS****PHONE NUMBER**

1.

2.

3.

Note: This application is not complete without a signature below. This signature certifies that to the best knowledge and belief of the applicant, the information provided herein is complete and true and gives the school district the right to obtain information about the background of the applicant and to review all references and credentials.

SIGNATURE _____

DATE _____

PRINT NAME _____

(Instructions: Please print or type and return the completed application to Rose Lyons located in the Central Administration Offices at Reynolds Junior- Senior High School.)

Please note Reynolds School District requires a pre-employment physical examination, evidence of a tuberculosis test within a one-year period prior to employment.

☐ I authorize the physician, past and present employers to disclose any knowledge or information pertaining to my health and employment to the Reynolds School District. I understand any misleading statements may cause termination of my employment.

Reynolds School District is an equal opportunity employer Federal, State, and Local Laws prohibit discrimination because of Race, Color, Sex, Age, Religion, Creed, National Origin, Ancestry or Non-Job-Related Handicap or Disability.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by
which you have
been identified: _____

Section 2. Arrest or Conviction

☐

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

☐

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

☐

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

☐

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.



REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Raymond C. Omer
Superintendent

Phone: 724-646-5501
Facsimile: 724-917-2549
Email: romer@reynoldssd.org

Subject: Important: Required Criminal Record Clearance for Volunteers

Dear Volunteer

As a valued volunteer with Reynolds School District, we are committed to maintaining a safe and secure environment for all participants and staff. To ensure this, we are requesting that all volunteers complete a criminal background check through the Pennsylvania State Police, also known as an "Act 34" clearance, due each year by July 1st.

How to Obtain Your Clearance:

Access the online portal:

Visit <https://epatch.pa.gov> to initiate the process.

Provide necessary details:

You will need to provide your personal information.

Submit your clearance:

Once you receive your clearance, please submit a copy to Rose Lyons at rlyons@reynoldssd.org

Important Considerations:

Compliance is mandatory:

Failure to submit a completed criminal background check by the deadline may result in the inability to continue volunteering with our organization.

Confidentiality:

All information will be handled with the utmost confidentiality and used solely for the purpose of volunteer screening.

Questions or concerns:

If you have any questions about this process, please contact Rose Lyons at 724-646-5500 x5521.

Thank you for your commitment to Reynolds School District.

Sincerely,


Raymond C. Omer
Superintendent

Volunteers/Chaperones

Recent changes in the Child Protective Services Law require all volunteers who have direct contact with students to obtain the following three clearances: A Child Abuse Clearance, a Pennsylvania State Police Criminal Background Check and an FBI Clearance. All clearances are now available electronically.

You will find the directions for obtaining the clearances below. The cost of obtaining the clearances will be your responsibility. Once you have obtained the clearances, please hand them in at the front desk in the administration office along with an email and phone number. The staff will make a copy for our records to be verified and hand you back your originals. If you have any questions about obtaining your clearances, please call Rose Lyons at 724-646-5501, Ext. 5521.

Please allow enough time for the clearances to be verified prior to the date your volunteer work is to begin.

When you hand in your clearances for verification, they must be less than 5 years old and will be valid for five years from the date of your oldest clearance. Once obtained, clearances must be renewed every 60 months. If your clearances are older than one year, the actual clearance must be handed in, a copy is not acceptable. If your FBI was done through the DPW, the original of the clearance must be seen.

Thank you for volunteering in the Reynolds School District. You are providing a valuable service to our students.

If you plan to volunteer in your child's school this year, please obtain clearances before the school year starts. This will ensure there are no delays preventing you from volunteering or chaperoning a trip during the year. **All clearances must be handed in together.**

How to obtain Clearances:

- ✓ **PA State Police CRIMINAL BACKGROUND CLEARANCE (Act 34)**

Website: <https://epatch.pa.gov/home>

Click on the yellow button that says, "New Record Check" (Volunteers Only – Cost is FREE)

Follow instructions for filling out application. There is no cost for volunteers.

After completing the application information and payment, a box will show that contains:

Control #, Name.....

Click on Control #

Click on Certification Form

Print Form - this is your background clearance

✓ **FBI Fingerprint CLEARANCE (Act 114)**

1. Register online or by phone.
 2. Online: <https://uenroll.identogo.com>
 3. Enter Service Code **1KG6XN**
 4. Click: Schedule or Manage an appointment - the top of the screen should say: "**1KG6XN**
Pennsylvania PDE-Volunteer"
 5. Fill in the information on the page and click next. Follow through completing all of the pages.
 6. On the last page you will schedule your fingerprint appointment.
 7. Payment in the amount of \$22.60 will be made at the fingerprint site by credit card, money order or check.
 8. Be sure to bring your ID with you to the fingerprint site.
 9. IDEMIA - 1-844-321-2101
-

✓ **PA CHILD ABUSE CLEARANCE (Act 151)**

The application for the Child Abuse Clearance must be completed online at the following link:

<https://www.compass.state.pa.us/CWIS/Public/Home>

You will need to create a log-in before applying. There is no cost for volunteers/chaperones. After you apply for the child abuse clearance, you will receive an email confirming your application. You will be able to obtain your child abuse clearance by logging back in and printing it, you do not need to wait for it to come in the mail.

✓ **TB TEST REPORT**

You must provide the district with a negative TB Test report that is dated within one year. This is a one-time requirement. There are various locations other than your doctor's office, such as Sharon Regional Corporate Health Services, MedExpress and UPMC Urgent Care.

**PENNSYLVANIA RESIDENT
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: _____

Date of Birth: _____ City/State of Birth: _____

Driver's License Number: _____

Current Address: _____

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	State	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name

**VOLUNTEER REQUEST FOR WAIVER OF
FBI – FEDERAL CRIMINAL HISTORY RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

1. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document;
2. I have NEVER been named as the perpetrator of a founded report of child abuse;
3. I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:
 - a. Criminal homicide
 - b. Aggravated assault
 - c. Stalking
 - d. Kidnapping
 - e. Unlawful Restraint
 - f. Rape
 - g. Statutory sexual assault
 - h. Sexual assault
 - i. Involuntary deviate sexual intercourse
 - j. Aggravated indecent assault
 - k. Indecent assault
 - l. Indecent exposure
 - m. Incest
 - n. Concealing the death of a child
 - o. Endangering the welfare of a child
 - p. Dealing in infant children
 - q. Prostitution and related offenses
 - r. Crimes related to obscene and other sexual materials and performances
 - s. Corruption of minors
 - t. Sexual abuse of children
4. Within the 5 year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND
5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3 or 4 above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name

Pre-Employment
Physical/TB Test Information

Your pre-employment physical and TB test are at the districts expense. Please call the facility below to schedule your Physical and Tb Test. The Reynolds School District is able to accept a physical report that was completed within one year of your start date. Therefore, if you had a physical within the past year, you can simply have your physician complete the physical report as of that exam date or submit a copy of a report that you may already have available.

You must have your photo ID available. The office location is as follow:

Sharon Regional Health System

Corporate Health Services - (724) 346-6425

2435 Garden Way, Hermitage, PA 16148

Hours: Mon.-Thurs. 7:30 AM—4 PM and Fri. 7:30am-3:00pm

Appointment Needed for Physicals

No TB Tests on Thursdays; Closed Weekends

SCHOOL PERSONNEL HEALTH RECORD
(FOR USE AFTER OFFER OF EMPLOYMENT HAS BEEN MADE)

I. INFORMATION

School Position Offered _____

Last Name	First	MI	Sex	Date of Birth
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Home Phone	Cell Phone	Work Phone
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Mailing Address: Street	City	State	Zip
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Emergency Contact

Name:	Relationship:
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Address:

Telephone number: (Home)	(Work)	(Cell)
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II. IMMUNIZATION HISTORY (Recommended, but not mandated by law)

VACCINE Check appropriate box	Enter Month, Day, and Year Each Immunization DOSE Was Given				
Diphtheria, Tetanus with Pertussis <input type="checkbox"/> Td <input type="checkbox"/> TdaP	1	2	3	4	5
Hepatitis B	1	2	3		
Measles-Mumps-Rubella (MMR)	1	2	Rubella Serology/Date/Titer Mumps disease diagnosed by a physician: Date Measles Serology/Date/Titer		
Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease <input type="checkbox"/> Serology Date: Neg/Pos	1	2			
Influenza	1	2	3		

III. TUBERCULOSIS SKIN TEST RESULTS (Testing required per Regulations of the Department of Health)

DATE GIVEN	SITE: LA / RA	GIVEN BY:	ANTIGEN NAME	MANUFACTURER / LOT # / EXP DATE	SIGNATURE
DATE READ	RESULTS in MM		READ BY SIGNATURE		

OR

IGRA TEST RESULTS

DATE COLLECTED	TEST NAME (QFT-GIT, T-SPOT, etc)	POSITIVE	NEGATIVE	INDETERMINATE	QUANTITATIVE RESULT

DATE TEST COMPLETED _____ SIGNATURE _____

Previously known/new positive reactors: _____

Chest X-ray: _____ Date: _____ Results: _____ Other: _____ Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: ☐ No ☐ Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.

IV. MEDICAL CONDITIONS (✓)

	Yes	No	If Yes, Explain:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

V. PHYSICAL EXAMINATION (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches)				
Weight (pounds)				
Pulse				
Blood Pressure				
Hair/Scalp				
Skin				
Eyes – Visual Acuity: RL				
Eyes – Color Vision				
Ears – Hearing (dB) RL				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc...				
Lungs – Adventitious Findings				

Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication which might affect his/her work role? If so, specify

Are there any special equipment or accommodations needed to enable this person to perform their duties? If so, specify

Physician Name (Print) Signature of Examiner Date

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

Signature of Employee Date



REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

EMERGENCY CALLING SYSTEM

Keeping our students, parents and staff informed is a top priority in the Reynolds School District. We have adopted an emergency notification calling service to provide important information about school events and emergencies. We anticipate using the system to notify you of school delays or cancellations due to inclement weather; and reminders about various school events including report card and progress report distribution, open house, field trips, late buses and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately.

Receiving messages from the Emergency Calling System

- * Uses current phone numbers and email addresses for parents/guardians;
- * Caller ID will display the school's main number when a general announcement is delivered;
- * The Emergency Calling System will leave a message on any answering machine or voicemail.

Emergency Information and Annual Parent Permission Card

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers and e-mail addresses. If this information changes during the year, please request an "Emergency Information and Annual Parent Permission Card" from any of the school district offices.

Please note that the primary phone number and e-mail will be contacted for both emergency and standard announcements; while alternate phone numbers and email addresses will also be used for standard announcements. In that case, all numbers will be dialed simultaneously. These numbers will be used for *notifications* only. If a student is ill, or other information is needed from the parent or guardian, they will be contacted directly.

Thank you for your cooperation. If you have any questions, please don't hesitate to contact **Mrs. Anna Wilkinson at 724-646-5500, Ext. 5525 or Mr. Brian Buchman at 724-646-5500, Ext. 5515.**

We are very excited to incorporate the Emergency Calling System as a tool to improve communication within the Reynolds School District.

REYNOLDS SCHOOL DISTRICT

EMERGENCY CALLING SYSTEM

NAME: _____

POSITION: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

PRIMARY EMAIL: _____

**PLEASE NOTIFY MRS. ROSE LYONS (724) 646-5500, EXT. 5521 IMMEDIATELY IF ANY OF
THE ABOVE INFORMATION CHANGES.**



REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

EMPLOYEE EMERGENCY CONTACT INFO.

To All Employees:

The district must have on file at least two emergency contacts for each employee. Please complete the bottom of this form with your name along with two emergency contact names and phone numbers. Please make sure that the numbers are correct. The information will then be entered into your profile in the personnel database which can be accessed by a limited number of administrative employees, namely Mrs. Morrison, Mrs. Wilkinson, Mrs. Lyons, and Mrs. Diefenderfer for emergency use only. Keep in mind that when your emergency contacts change cell numbers or land line numbers, you will need to provide the update to the district.

Thank you.

Your Name: _____

Emergency Contacts:

#1 Name: _____

Cell or Landline Nos.: _____

Relationship to you: _____

#2 Name: _____

Cell or Landline Nos.: _____

Relationship to you: _____

#3 Name: _____

Cell or Landline Nos.: _____

Relationship to you: _____



REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Phone: 724-646-5501
Facsimile: 724-917-2549

GENERAL RELEASE

I, _____, an employee of the Reynolds School District, understand that my name will be published as public directory information as well as information pertaining to the building where I am located and the position I hold.

Further, I hereby {*please check one box*} ☐ Authorize ☐ Do Not Authorize
the Reynolds School District to publish my photograph on the district website.

I release the Reynolds School District, its agents, servants, employees, officers, directors, attorneys and representatives from any and all claims of liability resulting from the use of said directory information.

IN WITNESS WHEREOF, I have set my hand on this _____ day of _____, 20____.

Print Name

Signature

THE REYNOLDS SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, HANDICAPS,
CREED, AGE, OR NATIONAL ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL OR EMPLOYMENT POLICIES.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
----------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
----------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



Book	Policy Manual
Section	800 Operations
Title	Acceptable Use of Internet, Computers and Network Resources
Code	815
Status	Active
Adopted	June 19, 1996
Last Revised	August 18, 2010
Prior Revised Dates	8/18/1999, 3/22/2000, 10/24/2001, 5/21/2003, 6/21/2006, 12/17/2008

Purpose

The Board supports use of computers, the Internet and other computer networks in the district's instructional and operational programs in order to facilitate learning, teaching and daily operations through interpersonal communications and access to information, research and collaboration.

The district provides students, staff and other authorized individuals with access to the district's computers, electronic communication systems and network, which includes Internet access, whether wired or wireless, or by any other means.

For instructional purposes, the use of network facilities shall be consistent with the curriculum adopted by the school district as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.

Definitions

The term **child pornography** is defined under both federal and state law.

Child pornography - under federal law, is any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where:[\[1\]](#)

1. The production of such visual depiction involves the use of a minor engaging in sexually explicit conduct;
2. Such visual depiction is a digital image, computer image, or computer-generated image that is, or is indistinguishable from, that of a minor engaging in sexually explicit conduct; or
3. Such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct.

Child pornography - under state law, is any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of eighteen (18) years engaging in a prohibited sexual act or in the simulation of such act.[\[2\]](#)

The term **harmful to minors** is defined under both federal and state law.

Harmful to minors - under federal law, is any picture, image, graphic image file or other visual depiction that:[\[3\]](#)[\[4\]](#)

1. Taken as a whole, with respect to minors, appeals to a prurient interest in nudity, sex or excretion;
2. Depicts, describes or represents in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or lewd exhibition of the genitals; and
3. Taken as a whole lacks serious literary, artistic, political or scientific value as to minors.

Harmful to minors - under state law, is any depiction or representation in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:[\[5\]](#)

1. Predominantly appeals to the prurient, shameful, or morbid interest of minors;
2. Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable for minors; and
3. Taken as a whole lacks serious literary, artistic, political, educational or scientific value for minors.

Obscene - any material or performance, if:[\[5\]](#)

1. The average person applying contemporary community standards would find that the subject matter taken as a whole appeals to the prurient interest;
2. The subject matter depicts or describes in a patently offensive way, sexual conduct described in the law to be obscene; and
3. The subject matter, taken as a whole, lacks serious literary, artistic, political, educational or scientific value.

Technology protection measure - a specific technology that blocks or filters Internet access to visual depictions that are obscene, child pornography or harmful to minors.[\[4\]](#)

Authority

The availability of access to electronic information does not imply endorsement by the district of the content, nor does the district guarantee the accuracy of information received. The district shall not be responsible for any information that may be lost, damaged or unavailable when using the network or for any information that is retrieved via the Internet.

The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet or other network resources.

The district's computer and network resources are the property of the district. Users shall have no expectation of privacy in anything they create, store, send, receive or display on or over the district's Internet, computers or network resources, including personal files or any use of the district's Internet, computers or network resources. The district reserves the right to monitor, track, and log network access and use; monitor fileserver space utilization by district users; or deny access to prevent unauthorized, inappropriate or illegal activity and may revoke or restrict access privileges and/or administer appropriate disciplinary action. The district shall cooperate to the extent legally required with

the ISP, local, state and federal officials in any investigation concerning or related to the misuse of the district's Internet, computers and network resources.[6][7][8][9][10]

The Board requires all users to fully comply with this policy and to immediately report any violations or suspicious activities to the Superintendent or designee.

The Board establishes the following materials, in addition to those stated in law and defined in this policy, that are inappropriate for access by minors: defamatory; lewd, vulgar, or profane; threatening; harassing or discriminatory; bullying; or terroristic.[4][11][12][13][14][15][16][17][18][19]

The district reserves the right to restrict access to any Internet sites or functions it deems inappropriate through established Board policy, or the use of software and/or online server blocking. Specifically, the district operates and enforces a technology protection measure(s) that blocks or filters access to inappropriate matter by minors on its computers used and accessible to adults and students. The technology protection measure shall be enforced during use of computers with Internet access.[3][4][20]

Upon request by students or staff, the Superintendent or designee shall expedite a review and may authorize the disabling of Internet blocking/filtering software to enable access to material that is blocked through technology protection measures but is not prohibited by this policy.[20]

Upon request by students or staff, building administrators may authorize the temporary disabling of Internet blocking/filtering software to enable access for bona fide research or for other lawful purposes. Written permission from the parent/guardian is required prior to disabling Internet blocking/filtering software for a student's use. If a request for temporary disabling of Internet blocking/filtering software is denied, the requesting student or staff member may appeal the denial to the Superintendent or designee for expedited review.[3][21]

Delegation of Responsibility

The district shall make every effort to ensure that this resource is used responsibly by students and staff.

The district shall inform staff, students, parents/guardians and other users about this policy through employee and student handbooks, posting on the district website, and by other appropriate methods. A copy of this policy shall be provided to parents/guardians, upon written request.[20]

Users of district networks or district-owned equipment shall, prior to being given access or being issued equipment, sign user agreements acknowledging awareness of the provisions of this policy, and awareness that the district uses monitoring systems to monitor and detect inappropriate use and tracking systems to track and recover lost or stolen equipment.

Student user agreements shall also be signed by a parent/guardian.

Administrators, teachers and staff have a professional responsibility to work together to help students develop the intellectual skills necessary to discern among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use the information to meet their educational goals.[3][4]

Students, staff and other authorized individuals have the responsibility to respect and protect the rights of every other user in the district and on the Internet.

The building administrator shall have the authority to make initial determinations of whether inappropriate use has occurred.

The Superintendent or designee shall be responsible for implementing technology and procedures to determine whether the district's computers are being used for purposes prohibited by law or for accessing sexually explicit materials. The procedure shall include but not be limited to:[4]

1. Utilizing a technology protection measure that blocks or filters Internet access for minors and adults to certain visual depictions that are obscene, child pornography, harmful to minors with respect to use by minors, or determined inappropriate for use by minors by the Board.
2. Maintaining and securing a usage log.
3. Monitoring online activities of minors.

The Superintendent or designee shall develop and implement administrative regulations that ensure students are educated on network etiquette and other appropriate online behavior, including:[\[22\]](#)

1. Interaction with other individuals on social networking websites and in chat rooms.
2. Cyberbullying awareness and response.[\[15\]](#)[\[23\]](#)

Guidelines

Network accounts shall be used only by the authorized owner of the account for its approved purpose. Network users shall respect the privacy of other users on the system.

Prohibitions

Users are expected to act in a responsible, ethical and legal manner in accordance with district policy, accepted rules of network etiquette, and federal and state law. Specifically, the following uses are prohibited:

1. Facilitating illegal activity.
2. Commercial or for-profit purposes.
3. Non-work or non-school related work.
4. Product advertisement or political lobbying.
5. Bullying/Cyberbullying.[\[15\]](#)[\[23\]](#)
6. Hate mail, discriminatory remarks, offensive or inflammatory communication, and terroristic threats.
7. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.[\[24\]](#)
8. Accessing, sending, receiving, transferring, viewing, sharing or downloading obscene, pornographic, lewd, or otherwise illegal materials, images or photographs.
9. Access by students and minors to material that is harmful to minors or is determined inappropriate for minors in accordance with Board policy.
10. Inappropriate language or profanity.
11. Transmission of material likely to be offensive or objectionable to recipients.
12. Intentional obtaining or modifying of files, passwords, and data belonging to other users.
13. Impersonation of another user, anonymity, and pseudonyms.
14. Fraudulent copying, communications, or modification of materials in violation of copyright laws.[\[24\]](#)

15. Loading or using of unauthorized games, programs, files, or other electronic media.
16. Disruption of the work of other users.
17. Destruction, modification, abuse or unauthorized access to network hardware, software and files.
18. Accessing the Internet, district computers or other network resources without authorization.
19. Disabling or bypassing the Internet blocking/filtering software without authorization.
20. Accessing, sending, receiving, transferring, viewing, sharing or downloading confidential information without authorization.

Security

System security is protected through the use of passwords. Failure to adequately protect or update passwords could result in unauthorized access to personal or district files. To protect the integrity of the system, these guidelines shall be followed:

1. Employees and students shall not reveal their passwords to another individual.
2. Users are not to use a computer that has been logged in under another student's or employee's name.
3. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network.

Copyright

The illegal use of copyrighted materials is prohibited. Any data uploaded to or downloaded from the network shall be subject to fair use guidelines and applicable laws and regulations.[24][25]

Safety

It is the district's goal to protect users of the network from harassment and unwanted or unsolicited electronic communications. Any network user who receives threatening or unwelcome electronic communications or inadvertently visits or accesses an inappropriate site shall report such immediately to a teacher or administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, e-mail, social networking websites, etc.

Internet safety measures shall effectively address the following:[4][22]

1. Control of access by all users to inappropriate matter on the Internet and World Wide Web.
2. Safety and security of minors when using electronic mail, and other forms of direct electronic communications.
3. Prevention of unauthorized online access by minors, including "hacking" and other unlawful activities.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors.
5. Restriction of minor's access to materials harmful to them.

District Website

The district shall establish and maintain a website and shall develop and modify its web pages to present information about the district under the direction of the Superintendent or designee. All users publishing content on the district website shall comply with this and other applicable district policies.

Users shall not copy or download information from the district website and disseminate such information on unauthorized web pages without authorization from the Superintendent or designee.

Consequences for Inappropriate Use

The network user shall be responsible for damages to the equipment, systems, and software resulting from deliberate or willful acts.[\[20\]](#)

Illegal use of the network, intentional deletion or damage to files of data belonging to others, copyright violations, and theft of services will be reported to the appropriate legal authorities for possible prosecution.

General rules for behavior and communications apply when using the Internet, in addition to the stipulations of this policy.

Vandalism will result in loss of access privileges, disciplinary action, and/or legal proceedings.

Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.

Failure to comply with this policy or inappropriate use of the Internet, district network or computers shall result in usage restrictions, loss of access privileges, disciplinary action, and/or legal proceedings.
[\[6\]](#)[\[7\]](#)[\[8\]](#)[\[9\]](#)[\[10\]](#)

REYNOLDS SCHOOL DISTRICT
ACCEPTABLE USE OF INTERNET AGREEMENT

Student/Employee

I understand and will abide by the attached Acceptable Use of Internet Policy and Agreement. I further understand that any deliberate violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may be instituted.

Student/Employee Name (please print)

Student/Employee Signature

Date**Parent or Guardian**

As the parent or guardian of this student, I have read the Acceptable Use of Internet Policy and Agreement. I understand that this access is designed for educational purposes. I recognize it is impossible for Reynolds School District to restrict access to all controversial materials, and I will not hold the district (or any of its personnel) responsible for materials acquired on the network. Further, I accept responsibility for supervision if and when my child's use of downloaded material is not in a school setting. I hereby give my permission to allow Internet access for my child.

Student's Parent or Guardian Name (please print)

Student's Parent or Guardian Signature

Date**Additional Information**

For additional information about Reynolds School District technology programs, or to seek answers to specific questions regarding this Acceptable Use of Internet Policy or Agreement, please contact any Building Principal.



Book	Policy Manual
Section	500 Classified Employees
Title	Nepotism
Code	503
Status	Active
Adopted	May 18, 2011

Purpose

The object of this policy is to prevent nepotism in hiring of school employees. The hiring of a school employee closely related to a member of the Reynolds School Board, commissioned officer, professional staff, management level employee, classified employee, or any other employee of the Reynolds School District could arouse public suspicion that the employee was hired on the basis of relationship rather than merit. It is also the purpose of this policy to:

1. Discourage favoritism.
2. Prevent disciplinary problems.
3. Inhibit personal cliques.

Definitions

School Directors shall mean any person who is elected or appointed as a director of the school district and serves on its Board.

Employee shall mean all paid positions of the Reynolds School District. No employee of the Reynolds School District is excluded from this policy.

Relative means a father, mother, brother, sister, husband, wife, son, daughter, stepfather, stepmother, stepchild, grandchild, nephew, niece, first cousin, sister-in-law, brother-in-law, uncle, or aunt.

Guidelines

Any professional or non-professional applicant for full-time or part-time employment, (with the exception of temporary workers, extracurricular positions, and substitutes) who is a relative of any school director, and/or any employee of the Reynolds School District, shall make this fact known upon application for employment. That information shall be placed on the public agenda. Hiring shall require six (6) affirmative Board votes. This policy shall take effect immediately when adopted by the Reynolds School Board, and shall not be retroactive in any manner.

This policy does not relate to past school Board members or past employees.

All applicants for employment with the Reynolds School District shall complete the attached NEPOTISM DECLARATION.

REYNOLDS SCHOOL DISTRICT
531 Reynolds Road
Greenville, PA 16125

NEPOTISM PREVENTION DECLARATION

Reynolds School District's Nepotism Policy pertains to the employment of persons by the Board of School Directors. All applicants are required to read the policy and answer the questions below.

1. I have read and I understand the Reynolds School District's Nepotism Policy.

_____ Yes _____ No

2. I have a relative(s) who is either a school director or an employee of the Reynolds School District as defined in the Reynolds School District Nepotism Policy.

"Relative" means a father, mother, brother, sister, husband, wife, son, daughter, stepfather, stepmother, stepchild, grandchild, nephew, niece, first cousin, sister-in-law, brother-in-law, uncle, or aunt.

_____ Yes _____ No

3. If "YES," to whom are you related?

<u>(Name of Relative)</u>	<u>(Relationship to You)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I declare that my responses are true to the best of my knowledge.

(Signature)

(Date)



Book	Policy Manual
Section	200 Pupils
Title	Hazing
Code	247
Status	Active
Adopted	April 25, 2001
Last Revised	September 21, 2022
Prior Revised Dates	10/20/2004; 05/18/2011; 03/20/2019; 09/16/2020

Purpose

The purpose of this policy is to maintain a safe, positive environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the district and are prohibited at all times.

Definitions

Hazing occurs when a person intentionally, knowingly or recklessly, for the purpose of initiating, admitting or affiliating a student with an organization, or for the purpose of continuing or enhancing membership or status in an organization, causes, coerces or forces a student to do any of the following:[1]

1. Violate federal or state criminal law.
2. Consume any food, liquid, alcoholic liquid, drug or other substance which subjects the student to a risk of emotional or physical harm.
3. Endure brutality of a physical nature, including whipping, beating, branding, calisthenics or exposure to the elements.
4. Endure brutality of a mental nature, including activity adversely affecting the mental health or dignity of the individual, sleep deprivation, exclusion from social contact or conduct that could result in extreme embarrassment.
5. Endure brutality of a sexual nature.
6. Endure any other activity that creates a reasonable likelihood of bodily injury to the student.

Aggravated hazing occurs when a person commits an act of hazing that results in serious bodily injury or death to the student and:[2]

1. The person acts with reckless indifference to the health and safety of the student; or
2. The person causes, coerces or forces the consumption of an alcoholic liquid or drug by the student.

Organizational hazing occurs when an organization intentionally, knowingly or recklessly promotes or facilitates hazing.[3][4]

Any activity, as described above, shall be deemed a violation of this policy regardless of whether:[5]

1. The consent of the student was sought or obtained, or
2. The conduct was sanctioned or approved by the school or organization.

Student activity or organization means any activity, society, corps, team, club or service, social or similar group, operating under the sanction of or recognized as an organization by the district, whose members are primarily students or alumni of the organization.[6][7]

For purposes of this policy, **bodily injury** shall mean impairment of physical condition or substantial pain.[8]

For purposes of this policy, **serious bodily injury** shall mean bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.[8]

Authority

The Board prohibits hazing in connection with any student activity or organization regardless of whether the conduct occurs on or off school property or outside of school hours.[4][5][7][9][10]

No student, parent/guardian, coach, sponsor, volunteer or district employee shall engage in, condone or ignore any form of hazing.

The Board encourages students who believe they, or others, have been subjected to hazing to promptly report such incidents to the building principal or designee.

Title IX Sexual Harassment and Other Discrimination

Every report of alleged hazing that can be interpreted at the outset to fall within the provisions of policies addressing potential violations of laws against discrimination shall be handled as a joint, concurrent investigation into all allegations and coordinated with the full participation of the Compliance Officer and Title IX Coordinator. If, in the course of a hazing investigation, potential issues of discrimination are identified, the Title IX Coordinator shall be promptly notified, and the investigation shall be conducted jointly and concurrently to address the issues of alleged discrimination as well as the incidents of alleged hazing.[11][12]

Delegation of Responsibility

Students, parents/guardians, coaches, sponsors, volunteers, and district employees shall be alert to incidents of hazing and shall report such conduct to the building principal or designee.

When a student's behavior indicates a threat to the safety of the student, other students, school employees, school facilities, the community or others, district staff shall report the student to the threat assessment team, in accordance with applicable law and Board policy.^{[13][14]}

Guidelines

In addition to posting this policy on the district's publicly accessible website, the district shall inform students, parents/guardians, sponsors, volunteers and district employees of the district's policy prohibiting hazing, including district rules, penalties for violations of the policy, and the program established by the district for enforcement of the policy by means of distribution of written policy; publication in handbooks; and verbal instructions by the coach or sponsor at the start of the season or program.^[4]

This policy, along with other applicable district policies, procedures and Codes of Conduct, shall be provided to all school athletic coaches and all sponsors and volunteers affiliated with a student activity or organization, prior to coaching an athletic activity or serving as a responsible adult supervising, advising, assisting or otherwise participating in a student activity or organization together with a notice that they are expected to read and abide by the policies, procedures and Codes of Conduct.^[7]

Complaint Procedure

A student who believes that they have been subject to hazing is encouraged to promptly report the incident to the building principal or designee.

Students are encouraged to use the district's report form, available from the building principal, or to put the complaint in writing; however, oral complaints shall be accepted and documented. The person accepting the complaint shall handle the report objectively, neutrally and professionally, setting aside personal biases that might favor or disfavor the student filing the complaint or those accused of a violation of this policy.

The Board directs that verbal and written complaints of hazing shall be provided to the building principal or designee, who shall promptly notify the Superintendent or designee of the allegations and determine who shall conduct the investigation. Allegations of hazing shall be investigated promptly, and appropriate corrective or preventative action be taken when allegations are substantiated. The Board directs that any complaint of hazing brought pursuant to this policy shall also be reviewed for conduct which may not be proven to be hazing under this policy but merits review and possible action under other Board policies.

Interim Measures/Police

Upon receipt of a complaint of hazing, the building principal or designee, in consultation with the Superintendent or designee, shall determine what, if any interim measures should be put in place to protect students from further hazing, bullying, discrimination or retaliatory conduct related to the alleged incident and report. Such interim measures may include, but not be limited to, the suspension of an adult who is involved, the separation of alleged victims and perpetrators, and the determination of what the complaining student needs or wants through questioning.

Those receiving the initial report and conducting or overseeing the investigation will assess whether the complaint, if proven, would constitute hazing, aggravated hazing or organizational hazing and shall report it to the police consistent with district practice and, as appropriate, consult with legal counsel about whether to report the matter to the police at every stage of the proceeding. The decision to report a matter to the police should not involve an analysis by district personnel of whether safe harbor provisions might apply to the person being reported, but information on the facts can be shared with the police in this regard.^[15]

Referral to Law Enforcement and Safe Schools Reporting Requirements –

For purposes of reporting hazing incidents to law enforcement in accordance with Safe Schools Act reporting, the term **incident** shall mean an instance involving an act of violence; the possession of a weapon; the possession, use, or sale of a controlled substance or drug paraphernalia as defined in the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act; the possession, use, or sale of alcohol or tobacco; or conduct that constitutes an offense listed under the Safe Schools Act.^{[16][17][18]}

The Superintendent or designee shall immediately report required incidents and may report discretionary incidents, as defined in the Safe Schools Act, committed by students on school property, at any school-sponsored activity or on a conveyance providing transportation to or from a school or school-sponsored activity to the local police department that has jurisdiction over the school's property, in accordance with state law and regulations, the procedures set forth in the memorandum of understanding with local law enforcement and Board policies.^{[16][17][19][20][21][22]}

The Superintendent or designee shall notify the parent/guardian of any student directly involved in a defined incident as a victim or suspect immediately, as soon as practicable. The Superintendent or designee shall inform the parent/guardian whether or not the local police department that has jurisdiction over the school property has been or may be notified of the incident. The Superintendent or designee shall document attempts made to reach the parent/guardian.^{[17][22][23]}

In accordance with state law, the Superintendent shall annually, by July 31, report all new incidents to the Office for Safe Schools on the required form.^{[16][22]}

Confidentiality

Confidentiality of all parties, witnesses, the allegations, the filing of a complaint and the investigation shall be handled in accordance with applicable law, regulations, this policy and the district's legal and investigative obligations.

Retaliation

Reprisal or retaliation relating to reports of hazing or participation in an investigation of allegations of hazing is prohibited and shall be subject to disciplinary action.

Consequences for Violations

Safe Harbor –

An individual needing medical attention or seeking medical attention for another shall not be subject to criminal prosecution if the individual complies with the requirements under law, subject to the limitations set forth in law.^[15]

Students –

If the investigation results in a substantiated finding of hazing, the investigator shall recommend appropriate disciplinary action up to and including expulsion, as circumstances warrant, in accordance with the Code of Student Conduct. The student may also be subject to disciplinary action by the coach or sponsor, up to and including removal from the activity or organization. The fact of whether a student qualified for and received safe harbor under a criminal investigation shall be considered in assigning discipline.^{[4][7][15][24][25]}

Nonstudent Violators/Organizational Hazing –

If the investigation results in a substantiated finding that a coach, sponsor, or volunteer affiliated with the student activity or organization engaged in, condoned or ignored any violation of this policy, the coach, sponsor, or volunteer shall be disciplined in accordance with Board policy and applicable laws and regulations. Discipline could include, but is not limited to, dismissal from the position as coach, sponsor, or volunteer, and/or dismissal from district employment.[26][27][28]

If an organization is found to have engaged in organizational hazing, it shall be subject to the imposition of fines and other appropriate penalties. Penalties may include rescission of permission for that organization to operate on school property or to otherwise operate under the sanction or recognition of the district.

Criminal Prosecution –

Any person or organization that causes or participates in hazing may also be subject to criminal prosecution.[4]

Legal

- [1. 18 Pa. C.S.A. 2802](#)
- [2. 18 Pa. C.S.A. 2803](#)
- [3. 18 Pa. C.S.A. 2804](#)
- [4. 18 Pa. C.S.A. 2808](#)
- [5. 18 Pa. C.S.A. 2806](#)
- [6. 18 Pa. C.S.A. 2801](#)
- [7. 24 P.S. 511](#)
- [8. 18 Pa. C.S.A. 2301](#)
9. Pol. 122
10. Pol. 123
11. Pol. 103
12. Pol. 103.1
- [13. 24 P.S. 1302-F](#)
14. Pol. 240.1
- [15. 18 Pa. C.S.A. 2810](#)
- [16. 24 P.S. 1303-A](#)
- [17. 22 PA Code 10.2](#)
- [18. 35 P.S. 780-102](#)
- [19. 24 P.S. 1302.1-A](#)
- [20. 22 PA Code 10.21](#)
- [21. 22 PA Code 10.22](#)
22. Pol. 805.1
- [23. 22 PA Code 10.25](#)
24. Pol. 218
25. Pol. 233
26. Pol. 317
27. Pol. 417
28. Pol. 517
- [18 Pa. C.S.A. 2801 et seq](#)
- [22 PA Code 10.23](#)
- Pol. 113.1
- Pol. 916

Reynolds School District
531 Reynolds Road
Greenville, PA 16125

Reynolds School District's Hazing Policy pertains to the employment of persons by the Board of School Directors. All applicants are required to read the policy and sign the form.

I have read and will abide by the Reynolds School District's Hazing Policy.

Signature

Date



Book	Policy Manual
Section	900 Community
Title	Volunteers
Code	916
Status	Active
Adopted	August 17, 2016
Last Revised	January 18, 2023

Purpose

The Board supports and encourages the participation of parents/guardians and community residents to enhance the educational, cocurricular and extracurricular programs of the district.

Authority

The Board may adopt and enforce reasonable rules and regulations governing volunteers and their participation in the activities of the district.[\[1\]](#)

The Board prohibits discrimination on the basis of race, color, marital status, creed, religion, ancestry, handicap/disability, age, sex, sexual orientation or national origin in the school environment and all district programs for volunteers.[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)

The Board directs that all volunteers shall be informed of conduct that is prohibited and the disciplinary actions that may be applied for violation of Board policies, administrative regulations, rules and procedures.[\[1\]](#)

All volunteers shall be expected to maintain professional, moral and ethical relationships with district students that are conducive to an effective, safe learning environment.[\[7\]](#)

Definitions

The following words and phrases, when used in this policy, shall have the meaning given to them in this section:

Adult - an individual eighteen (18) years of age or older.[\[8\]](#)

Certifications - refers to the child abuse history clearance statement; the state criminal history background check; and where applicable, the federal criminal history background check, required by the Child Protective Services Law.[\[9\]](#)[\[10\]](#)

Direct volunteer contact - the care, supervision, guidance or control of children and routine interaction with children.[\[8\]](#)

Person responsible for the child's welfare - a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control.[\[8\]](#)

Routine interaction - regular and repeated contact that is integral to a person's volunteer responsibilities.[\[8\]](#)

Visitor - a parent/guardian, adult resident, educator, official or other individual who is not a school employee or independent contractor, and who visits a school or attends or participates in an event or activity at a school, but whose role is less substantial than would be sufficient to meet the definition of volunteer for purposes of this policy.[\[11\]](#)

Volunteer - an adult, whose role is more than that of a visitor, who voluntarily offers a service to the district without receiving compensation from the district. A volunteer is not a school employee.[\[10\]](#)

The two (2) classifications of volunteers are:

1. **Position Volunteer** - an adult applying for or holding an unpaid position with a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children. Examples include, but are not limited to, field trip chaperones, tutors, coaches, activity advisor, recess or library aides, etc.
2. **Guest Volunteer** - an adult who voluntarily provides a service to the district, without compensation, who: (1) works directly under the supervision and direction of a school administrator, a teacher or other member of the school staff; and (2) does not have direct volunteer contact. Examples include, but are not limited to, volunteering to assist in classroom celebrations, school assemblies, or school concerts; reading to students; collecting tickets at sporting events; working concession stands; participating in "Career Day," etc.

Delegation of Responsibility

The Superintendent or designee shall be responsible for the selection and management of volunteers and for ensuring compliance with Board policies, administrative regulations, rules and procedures.

At the discretion of the Superintendent or designee, a volunteer's service may be discontinued at any time.

The Superintendent or designee shall develop administrative regulations to implement this policy and manage the selection, use and supervision of volunteers.

Guidelines

Each prospective position volunteer shall complete and submit a volunteer application.

The names of all position and guest volunteers shall be submitted for approval by the Board.

Upon receipt of all required personnel documents, volunteers shall be placed on the list of approved volunteers, and thereafter be ratified by the Board.

Approval shall be required prior to beginning service as a volunteer.

Certifications

Prior to approval, all position volunteers shall submit the following information:

1. PA Child Abuse History Certification - which must be less than sixty (60) months old.[\[10\]](#)

2. PA State Police Criminal History Record Information - which must be less than sixty (60) months old.[\[10\]](#)
3. Disclosure Statement for Volunteers - which is a statement swearing or affirming the applicant has not been disqualified from service by reason of conviction of designated criminal offenses or being listed as the perpetrator in a founded report of child abuse.[\[9\]](#)[\[10\]](#)[\[12\]](#)

If a position volunteer has not been a resident of Pennsylvania during the entirety of the previous ten (10) year period, the position volunteer must also submit the following information:[\[10\]](#)

1. Federal Criminal History Report - issued at any time since the volunteer established residency.

The Superintendent or designee shall review the information and determine if information is disclosed that precludes service as a volunteer.

Information submitted by volunteers in accordance with this policy shall be maintained centrally in a manner similar to that used for school employees.

All volunteers shall obtain and submit new certifications every sixty (60) months.[\[13\]](#)

A student, eighteen (18) years of age or older, who is volunteering for an event or activity sponsored by the school in which the student is enrolled and occurring on the school's grounds, shall not be required to submit certifications except when the event or activity is for children in the care of a child-care service or the student will otherwise be responsible for the welfare of a child.[\[10\]](#)

Tuberculosis Test

Prior to participating in student activities, volunteers shall undergo a test for tuberculosis, when required by and in accordance with the regulations and guidance of the Pennsylvania Department of Health.[\[14\]](#)[\[15\]](#)

Arrest or Conviction Reporting Requirements

All volunteers shall report to the Superintendent or designee, in writing, within seventy-two (72) hours, an arrest or conviction required to be reported by law or notification that the volunteer has been named as a perpetrator in a founded or indicated report pursuant to the Child Protective Services Law.[\[12\]](#)

The Superintendent or designee shall immediately require a position volunteer to submit new certifications if the Superintendent or designee has a reasonable belief that the volunteer was arrested for or has been convicted of an offense required to be reported by law, was named as a perpetrator in a founded or indicated report, or has provided written notice of such occurrence.[\[12\]](#)

Failure to accurately report such occurrences may subject the position volunteer to disciplinary action up to and including denial of volunteer service and criminal prosecution.[\[12\]](#)

Child Abuse Reporting

All volunteers who have reasonable cause to suspect that a child is the victim of child abuse shall make a report of suspected child abuse in accordance with applicable law, Board policy and administrative regulations.[\[16\]](#)[\[17\]](#)

Supervision

Each volunteer shall be under the supervision of a designated school administrator, teacher or other member of the school staff.

Training

Volunteers shall attend orientation and training sessions, as appropriate to the nature of their volunteer service. When training is provided for school employees relating to the legal obligations of employers and educational institutions, consideration shall be given to which volunteers should also receive that training.[17][18][19][20][21]

Confidentiality

No volunteer shall be permitted access to confidential student information unless the supervisor has determined that such access is necessary for the volunteer to fulfill their responsibilities. Volunteers with access to confidential student information shall maintain the confidentiality of that information in accordance with district policies and procedures and applicable law. If a volunteer has questions about confidentiality of student information, the volunteer should consult with the building principal.[22][23]

Legal

- [1. 24 P.S. 510](#)
- [2. 42 U.S.C. 12101 et seq](#)
- [3. 53 P.S. 6926.1903](#)
- [4. 43 P.S. 951 et seq](#)
5. Pol. 103
6. Pol. 718
7. Pol. 824
- [8. 23 Pa. C.S.A. 6303](#)
- [9. 23 Pa. C.S.A. 6344](#)
- [10. 23 Pa. C.S.A. 6344.2](#)
11. Pol. 907
- [12. 23 Pa. C.S.A. 6344.3](#)
- [13. 23 Pa. C.S.A. 6344.4](#)
- [14. 24 P.S. 1418](#)
- [15. 28 PA Code 23.44](#)
- [16. 23 Pa. C.S.A. 6311](#)
17. Pol. 806
18. Pol. 123
19. Pol. 123.2
20. Pol. 123.3
21. Pol. 805
22. Pol. 113.4
23. Pol. 216
- [23 Pa. C.S.A. 6301 et seq](#)
- [29 U.S.C. 201 et seq](#)
- [43 P.S. 333.101 et seq](#)
- [53 P.S. 6926.301 et seq](#)
- [53 P.S. 6926.1901 et seq](#)
- [72 P.S. 7301 et seq](#)
- Pol. 606

Volunteer Acknowledgement Form

I affirm that I have been provided a copy of, have read, understand, and agree to comply with this policy 916 Vol II 2022 Volunteers.

Name: _____

Date: _____

Position: _____