



**SCHOOL BOARD OF LEVY  
COUNTY**

**VOLUNTEER HANDBOOK**

**2017-2018**



# SCHOOL BOARD OF LEVY COUNTY

JEFFERY R. EDISON

*Superintendent*

## WELCOME

We are thrilled to have you as a volunteer for the Levy County School Board! Your involvement is a vital element in the overall success of our children's futures. Volunteers help the district to deliver valuable services to students and staff that would not be feasible without the support of the community.

We are proud of the scope of community involvement in our schools throughout the district. Last year over 15,000 hours were given in service to our students. This represents approximately \$157,000.00 worth of donated services. This also means that students received the individual attention that is vitally needed to help them succeed and teachers received those "extra pairs of hands" that are so much appreciated. Volunteers also help with organizing and manning special events and extracurricular activities.

Last year, three of our schools received The Golden School Award given by The Florida Department of Education. This award goes to elementary schools that have an outstanding volunteer program. We want to congratulate Chiefland Elementary, Joyce Bullock Elementary and Yankeetown School! Our goal for this school is to increase the number of schools that receive this award and work with our Middle/High Schools to receive an award for their volunteer programs.

This handbook provides you with district standards and procedures regarding volunteers, as well as guidelines and tips to help in your role of a school volunteer. If you have any questions, feel free to contact your school's volunteer coordinator or myself at 352-486-5231 or [kalee.wade@levyk12.org](mailto:kalee.wade@levyk12.org)  
As a volunteer you make a difference!

Sincerely,

Kalee L. Wade

Coordinator of Benefits & Risk Management

CAMERON ASBELL  
District 1

CHRIS COWART  
District 2

BRAD ETHERIDGE  
District 3

PAIGE BROOKINS  
District 4

RICK TURNER  
District 5

480 Marshburn Dr.  
Bronson, FL 32621-0129

PHONE 352-486-5231  
FAX 352-486-5237

*An Equal  
Opportunity Employer*

*Our mission is to educate all students in a safe environment and  
to graduate them ready for college and career success.*

# **VOLUNTEER CODE OF CONDUCT**

**As a volunteer, I agree to abide by the following code of conduct:**

1. I will complete and submit a new Volunteer Application every year.
2. I will sign IN and OUT at the front office every visit.
3. I will wear a volunteer name badge at all times while on campus.
4. I agree never to be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will maintain confidentiality of all school or classroom information.
6. I will share with teachers and/or school administrators any concerns that I may have related to student welfare or safety.
7. I will not supervise a class in the absence of a certified teacher.
8. I will not discipline or directly teach students.
9. I will not establish or make decisions about instructional objectives.
10. As a role model for the students, I will dress and act appropriately.
11. I agree only to do what is in the best interest of every child with whom I come into contact.
12. I will not bring other children with me while volunteering, whether on school campus or on field trips. I understand that in doing so I may be asked to leave.

**I agree to follow the Volunteer Code of Conduct at all times  
or risk being dismissed from my volunteer placement.**



# **GUIDELINES AND INFORMATION**

As a volunteer you will be assisting the staff at the school to provide an enhanced educational experience for the students. Your contribution is a vital one and will become an important part of the total instructional effort. Teachers and students will be counting on you. Be sure that you take seriously your responsibilities as a member of the educational team.

In Levy County, school volunteers must always work under the supervision of school staff members. Make sure that you are working in an open, visible area and do not allow yourself to be in a situation where your actions might be misconstrued. All volunteer activities take place on the school grounds during school hours under general supervision of school staff. Exceptions can include chaperoned field trips and “away from school” volunteer activities such as projects done at home and/or PTO activities. Young children should not accompany volunteers.

## **Volunteer Application**

Individuals must submit a completed volunteer application EVERY school year. Applications are available at each school or online. Registered volunteers are covered by the School Board of Levy County worker’s comp insurance program. In case of accident, please notify the school secretary or the principal immediately. Statements found false will be immediate cause for dismissal. The School Board of Levy County reserves the right to refuse volunteer placement to individuals with disqualifying criminal convictions. All volunteers are screened through the FDLE Sexual Predator web site.

## **School Volunteer Coordinators**

There is a district level coordinator for the overall school volunteer program. In addition, each school has a designated volunteer coordinator. We recommend that you record your school’s contact information on the back of this handbook.

## **Discipline**

It is the teacher’s responsibility to discipline the students, not the volunteer’s. Discuss any discipline problems with the supervising teacher before they escalate.

## **Signing In-Out/Name Tags**

All volunteers must provide their Driver’s License the first time they sign in at a school. Volunteers are also required to sign-in and sign-out each time they come to the school. Records are maintained for security purposes as well as documentation of community involvement hours which may be used for recognition, grant proposals and insurance renewal.



We also ask that you keep a log of any volunteer time that is done away from the school site or after school hours. You may turn this log in each year to the school secretary or volunteer coordinator.

### **Confidentiality**

Work with students is always confidential. A misplaced comment can be devastating to a student, family, and the volunteer program. If you have questions or concerns, talk with the teacher, the school-level coordinator, or call the district volunteer coordinator.

### **Reporting**

Any volunteer who believes bullying or harassment has occurred should immediately report it to the school principal as per Board Policy 5.38. Volunteers must also report suspected child abuse to the Child Abuse Hotline at 1-800-962-2873.

### **Attendance/Punctuality**

It is imperative that you be prompt, dependable and regular in attendance. Reliability is expected because teachers and staff plan for volunteer assistance. If you must be absent, call the school as soon as possible and ask that the teacher be told your absence.

### **Conduct/Dress Code**

As a volunteer, you are considered to be a “paraprofessional.” You are a role model for the students and should dress and act appropriately. Cell phones should not be visible or in use during your volunteer work. **Never take pictures of students or SBLC staff with your cell phone or show students pictures or videos on your phone. Do not engage our students on any social media sites, email or texts.** The district’s Code of Student Conduct prohibits dress (including accessories such as jewelry and body piercings/body art) which would be a distraction to learning. Ask your supervising teacher or staff member what attire will be appropriate for your assignment.

Smoking and profanity is not allowed on any of our school campuses.

### **Volunteer Assignments**

As a volunteer you may or may not be placed in your child’s classroom. Placement is dependent upon the needs of the teacher and staff. The Principal at each school is responsible for the final decision. If you have questions regarding your placement contact the school volunteer coordinator or the district volunteer coordinator.



# **VOLUNTEER ROLES AND JOB DESCRIPTIONS**

## **What do school volunteers do?**

- Reinforce skills taught by the teachers.
  - Help teachers give students more individual attention.
  - Provide added enrichment to the curriculum.
  - Assist with career awareness, exploration, and preparation.
  - Assist teachers with instructional-related duties.
  - Help students develop a more positive attitude about themselves, school, and academic achievement.
  - Help prepare students to be productive citizens and lifelong learners.
  - Provide many support services to schools and school programs.
- 

**Classroom Assistants** work closely with classroom teachers and staff, assisting in various projects, keeping records, preparing instructional materials, and interacting with students. Duties in elementary school may include reading/telling stories, listening to children read, and preparing instructional materials. Duties in middle and high schools may include working on special projects, performing clerical duties, making instructional materials, reviewing homework and assisting with testing.

**Tutors** work one-on-one with a student or with small groups of students who need help in academic subjects through reinforcement of basic skills.

**School Advisory Councils (SAC)** elect members to represent a broad cross section of the school's student population and the area in which the school is located. The SAC functions as a resource to the principal and members work as a team to develop the school improvement plan.

**Mentors** are needed to work with discouraged students on a regular basis. The main goal is to motivate the students to achieve and stay in school. Through establishing a one-on-one relationship, tutoring, setting short-term goals, and serving as a positive role model, mentors can provide encouragement and friendship to a student.

**Parent Teacher Organization (PTO)** give important support to teachers and classrooms while encouraging parent and family involvement.

**Business Partners** is a broad-based program which promotes business involvement in schools. It is an exchange of resources between a business/organization and a school: one-to-one tutoring, classroom presentations, student and/or teacher recognition, field trips, displaying student work, judging student competition, donating materials/money, or implementing a unique program designed by the business and the partner school.

**Resource Speakers** provide curriculum enrichment by sharing information on careers, hobbies, travel, and other areas of expertise with students in area classrooms.



# TIPS FOR VOLUNTEERS

## Emergencies

In case of emergency or when you have concern for students' safety, please report immediately to a school staff member.

## If you need help

If you need more instruction in order to perform a task, just ask. Establish a method of communication with the teacher, either written or verbal. If you need to change your assignment, contact the school-level or district volunteer coordinator.

## Checklist

Find out about:

- ✓ Days and times you're expected
- ✓ Volunteer procedures and practices of your school
- ✓ Building layout and parking facilities
- ✓ What is expected of you as a volunteer
- ✓ What to expect of the student(s)
- ✓ Discipline and classroom policies
- ✓ What to do if you are absent or student is absent
- ✓ What to do if supervising teacher is absent
- ✓ Fire drills and safety policies

## What does the teacher expect of the volunteer?

Promptness	Courtesy
Dependability	Positive Attitude
Enthusiasm	Creativity
Initiative	Support
Flexibility	Tact
Patience	Non-disruptive influence
Discretion	Cooperative attitude
Concern for children	Sensitivity





# WORDS OF ENCOURAGEMENT

Everyone knows that a little praise goes a long way in any classroom. But “a little praise” really should be something more than the same few phrases repeated over and over. Your students need more than the traditional “Good”, “Very Good”, and “Fine” if encouragement is the ultimate purpose. Here are some additional possibilities:

*That's really nice.*

*This kind of work pleases me very much.*

*Thank you very much.*

*Now you've figured it out.*

*Wow!*

*Congratulations!*

*I'm proud of the progress you've made.*

*I like the way you're thinking.*

*I'm very proud of the way you worked today.*

*Now you've got the hang of it.*

*Marvelous!*

*That's a very good observation.*

*That's coming along nicely.*

*That's one way of looking at it.*

*Why don't you show the class?*

*Thank you for (sitting down, being quiet, getting right to work, etc.)*

*Thank you for raising your hand, (name).*

*Keep up the good work.*

*You make it look easy.*

*Good job.*

*What neat work.*

*That's clever.*

*Very creative.*

*Good thinking.*

*(name) got right down to work.*

*Terrific!*

*It looks like you put a lot of work into this.*

*Beautiful!*

*That's an interesting way of looking at it.*

*Excellent work.*

*It's a pleasure to teach when you work like this.*

*That's great.*

*I knew you could do it!*

*That's the right answer.*

*That's a good point.*

*Everyone's working so hard.*

*You must be proud of your work.*

*That's quite an improvement.*

*Very good.*

*Super!*

*I like the way (name) is working.*

*(Name) is really going to town.*

*I like the way (name) has settled down.*

*My goodness, how impressive!*

*You really outdid yourself today.*

*You're on the right track now.*

*That's right!*

*Nice going*



**NORTHEAST FLORIDA EDUCATIONAL CONSORTIUM  
(NEFEC)**

**JOHNS EASTERN COMPANY**

**EMPLOYEE INFORMATION PACKET**

*NEFEC in conjunction with Johns Eastern Company and its Medical Management Services Department, have established a specialized program to provide injured employees with prompt, cost-effective, and quality medical services regarding their workplace injury (ies).*

*Enclosed you will find informational materials for your review. Please refer to them for answers to questions you may have.*

*NEFEC is committed to assisting you in a speedy recovery and return to work in the event of a work-related injury. A reminder that Johns Eastern Medical Management Services Department and staff are available 8:30 a.m. to 5:00 p.m. Monday through Friday should you need to report an injury, request additional information or seek authorizations. If you require assistance after hours or on weekends/holidays, please contact your manager or supervisor for assistance.*

**IMPORTANT**

**To contact the Director of Medical Management Services/Medical Claims Representative/Nurse  
Case Manager**

**For questions, comments, and/or Treatment Authorization call:  
(941) 907-3100 or (800) 749-3044**

## QUESTIONS AND ANSWERS

### *1. What is Johns Eastern Company (JECO)?*

JECO is a third party administrator for worker's compensation programs. We represent the organizations and their employees that make up NEFEC. It is our job to assist workers in obtaining appropriate benefits associated with their workers compensation claims.

### *2. If I am injured on the job, whom do I contact?*

If you are injured on the job and are medically able to do so, contact your manager or supervisor immediately.

### *3. How is my treatment initiated?*

Your employer will refer you immediately to a primary care physician/treatment center within your geographical area for your initial treatment.

### *4. Can I choose my area physician or treatment center?*

You will be sent to the nearest treatment center for your initial services. Once your initial care has been provided you are entitled to **one** change of physicians. In the event you require a referral to a specialist or a **one-time** change of physicians you will need to contact Johns Eastern Medical Management Services Department for the proper referral. You **may** discuss any concerns regarding your physicians with Johns Eastern Medical Management Services Department at **any** time.

### *5. Once my initial treatment is rendered, who assists me with applicable follow up care?*

Johns Eastern Medical Management Services Department will assist you with follow up care, answer questions and assist with your return to work. A Johns Eastern representative will contact you **immediately** upon notification of your injury to assist you with any applicable needs.

### *6. If my physician or facility provides me with a prescription can I use my usual pharmacy?*

You may use your usual pharmacy. If you are having difficulty locating a pharmacy near you, contact your Johns Eastern Medical Management Services Department for assistance. Please present the enclosed prescription form to the pharmacist to ensure no up-front monies will be requested from you.

### *7. Do I have to pay for my medical services?*

Once your injury is reported and proper authorizations are extended to the provider, they will bill JECO directly. After you have reached maximum medical improvement, and you return to the physician for additional treatment, you will be responsible for a \$10.00 co-payment per medical service for dates of accident after 1/1/94, excluding emergency treatment.

### *8. What if I move away from my original treating physician?*

If you move please contact Johns Eastern Company immediately. A new physician will be established for you if you relocate to an area outside the established guidelines for travel.

### *9. Who pays my wages if I am out of work?*

The indemnity adjuster at Johns Eastern Company handles your worker's compensation benefits. Any questions concerning these benefits should be directed to your adjuster.

### *10. If I should have any questions or concerns regarding my medical care whom do I contact?*

Johns Eastern Medical Management Services Department is available during normal business hours (8:30 a.m. to 5:00 p.m., Monday through Friday). Emergency, after hour care should be reported to your manager or supervisor for assistance.

### *11. What steps do I take if I am not satisfied with my medical care?*

An assistance program has been established for all employees regarding any issues about their medical care. A comprehensive, step-by-step instruction will be provided to you in this brochure.

### **Pharmacy Access**

- \* When you sustain an injury, the enclosed prescription form will provide you access to numerous pharmacies for direct billing of your work-related injury medications.
- \* If you happen to pay for your prescription, submit your receipts to Johns Eastern for applicable, appropriate reimbursement pursuant to the Florida Workers' Compensation Fee Schedule.

### **Quality Assurance**

- \* NEFEC is committed to providing each injured worker with quality care.
- \* All files are monitored closely for the provision of quality, timely and appropriate medical services.
- \* Johns Eastern staff of nurse case managers and their Medical Director are available to assist you with any questions or concerns you may have.

### **Return to Work**

- \* NEFEC is committed to assist you in prompt recovery from your injury and return to work in a safe, smooth and timely manner.
- \* NEFEC and Johns Eastern Medical Management Services Department will work with your physician and you, to make sure your return to work is without difficulty.
- \* If you should have any problem with your return to work, contact a JECO representative or your employer for assistance.

### **Case Management**

- \* At the time of injury, Johns Eastern Medical Management Services Department will assist you with physician and ancillary service appointments.
- \* Johns Eastern Medical Management Services Department will also assist with return to work issues.
- \* A nurse case manager will be available to you from the date of accident until your return to work.
- \* Remember, a nurse is only one call away!

### **Physician Access**

- \* NEFEC is working in conjunction with Johns Eastern to provide you with primary care and specialty physicians within your geographical location.
- \* At the time of your injury, your manager or supervisor will refer you to a primary care provider for treatment.
- \* In the event you wish to change your primary care provider/specialist, you may do so *once*, by contacting Johns Eastern Medical Management Services Department for assistance.
- \* **Reminder, it is your responsibility to keep all scheduled physician or ancillary service appointments.**

### **Employee Assistance Program**

- \* You have the right to report any problem you may have with the level of medical care you are provided.
- \* Informal problems can be called into Johns Eastern at (941) 907-3100 or (800) 749-3044 where you may request to speak with the Employee Assistance Coordinator.
- \* **Most issues** will be handled telephonically among *all* claims handlers and providers and you will be advised of the outcome.
- \* In the event the issue cannot be resolved informally, you may then file a formal, written request by using the enclosed Employee Assistance Form.
- \* Formal requests will be resolved within 60 days from receipt unless the collection of information lies outside of the service area; an additional 30 days will be added in these circumstances.
- \* If you should have any questions concerning this program or need assistance, please contact your Johns Eastern Company claims representative.



**Assistance Request Form**

Date: \_\_\_\_\_

To: Johns Eastern Company  
Post Office Box 3318  
Sarasota, FL 34230  
Attn: Tim Boozan  
(800) 749-3044

From \_\_\_\_\_ Provider \_\_\_\_\_ Employee \_\_\_\_\_  
\_\_\_\_\_ MCO \_\_\_\_\_ Employer \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Reason for incident report (include name, address, title of person/persons report):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Situation (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Documentation: \_\_\_\_\_ Medical Reports: \_\_\_\_\_

Bills: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Volunteer Log (After School Hours)

Volunteer: \_\_\_\_\_

School: \_\_\_\_\_

*Please use this log to track any hours that you volunteer that are after school hours (For example: fall festivals, sports, and/or at home projects). Turn in form to school office or volunteer coordinator each month.*

DATE	TEACHER/EVENT	TIME IN	TIME OUT	TOTAL TIME

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

Volunteer Coordinator Signature: \_\_\_\_\_





## VOLUNTEER/MENTOR APPLICATION

Levy County School Board

Volunteer/Mentor Application

School Volunteer Program-480 Marshburn Drive-Bronson, FL 32621

352-486-5231 352-486-5249 (Fax)

We are delighted to process your application to volunteer with the Levy County School Board.

Please complete this application accurately and completely. You may submit this application to the school of your choice or to the district office at the address above for processing. You must fill out a new application each school year. Thank you for offering your time, talents and skills to enhance the education of our students.

YEAR: _____		SCHOOL : _____	
<b>PLEASE PRINT OR TYPE:</b>			
Ms./Mrs./Mr./Dr. _____			
First	Middle Initial	Last	
Former/Maiden Name(s): _____			
Child(rens) Name(s)/Grades/ Teacher: _____			
_____			
Street Address: _____			
Mailing Address (if different): _____			
Phone (Home) _____ (cell) _____ (other) _____			
Gender: _____ Male _____ Female      Age: _____ 18-20 years _____ 21-61 years _____ 62 years & over			
Email address: _____			
Emergency Contact Person : _____ Relationship: _____ Phone: _____			
VOLUNTEER WORK PREFERENCE: (Please check your greatest interest):			
<input type="checkbox"/> Classroom	<input type="checkbox"/> Chaperone Field Trip	<input type="checkbox"/> Library/Media Center	<input type="checkbox"/> Office <input type="checkbox"/> PTO/SAC
 <input type="checkbox"/> Mentoring <input type="checkbox"/> Work from Home			

I understand that I am offering my services to the Levy County School Board without compensation. This registration is subject to a Florida Department of Law Enforcement check. I agree to abide by the policies and procedures of the School Board of Levy County and the individual school I serve. I understand the school system has the right not to place me or to discontinue the use of my services as a volunteer. Please note that some of the information on this form may be subject to Florida's Public Records Act pursuant to Chapter 119FS. In addition, I hereby acknowledge that I have received information regarding the Workman's Compensation Managed Care Program. I also acknowledge that a criminal background check will be performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE COMPLETE THE SCREENING PORTION ON PAGE 2.

School Board of Levy County Employees stop here

## SCREENING

As part of your volunteer record, a criminal history check will be conducted. A prior criminal record may or may not result in your disqualification for volunteering, **but a failure to disclose your record WILL INVALIDATE this application.** You must list all adult and juvenile misdemeanors, felonies or other criminal offenses other than non-criminal traffic violations (DUI and reckless driving are criminal offenses.)

For the safety and protection of our students, please answer the following:

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585 F.S.

⇒ PLEASE CHECK ONE: ☐ YES ☐ NO A "NO" check means "NO" to every statement above.

Where Arrested: \_\_\_\_\_ Date(s): \_\_\_\_\_

Nature of Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

If YES, Principal approval will be required ☐ Approved ☐ Not Approved, Principal \_\_\_\_\_

Raptor system or FDLE Sexual Predator website checked by: \_\_\_\_\_


([http://www3.fdle.state.fl.us/sexual\\_predators/](http://www3.fdle.state.fl.us/sexual_predators/)) \_\_\_\_\_

(date)

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Principal or Designee \_\_\_\_\_

To be retained in school office



Please bring driver's license or  
Florida ID  
in for scanning.