**![PRMlogo_286[1]]()**5945 Montgomery Road, Cincinnati, Ohio 45213, 513.363.4400

**Initial that you have read and will abide by the policies.**

Thank you for your interest in volunteering a t PRM. This information is provided for your safety as well as for

the protection of the children with whom you will be working. Please review it carefully and ask any questions

that may arise. We want the time you spend volunteering at PRM to be a positive experience for all.

**Communication:**

You are a role model. Your conversations with students and staff should demonstrate respect for others and avoid language that may be perceived a discriminatory, profane, sexist, or offensive. In addition, Cincinnati public school personnel or volunteers cannot encourage or promote religious beliefs by class activities, comments or invitations

to their place of worship.

**Confidentiality**

As a volunteer you must respect and maintain confidentiality in regard to personal information obtained regarding

a child or his/her family with certain exceptions. Reasonable suspicion of abuse, neglect, sexual abuse, illegal or

dangerous activities should be shared with staff. Be assured they will follow up the information.

**Relationships:**

For the protection of all, the relationship between you and all students with whom you volunteer must be kept appropriate at all times. Continuing your volunteer relationship through out-of-school contact, such as phone calls,

home visits, or invitations to your home, social events, office, vehicle, or activities is not permitted.

**Appropriate touching:**

For some children, or for some cultures, even these gestures may be unwelcome. Handshakes, “high five’s,” an arm or

hug around a shoulder are the only safe and friendly ways to touch a child when you are volunteering. No child should be subject to unwelcome touching no matter how well intended. If a child ever inappropriately touches you, please inform a staff member right away.

**Discipline:**

Any discipline of a student should be left up to a staff member. Please communicate any behavioral concerns to the teacher or tutor coordinator. Physical punishment is **never** permitted.

**Supervision during Chaperoning:**

All chaperons are required to travel to and from the field experience on the bus. Chaperones are expected to watch all assigned students and to adhere to timelines, meeting times, activities, etc.

**Check in/out:**

All visitors, including volunteers, are required to sign in at the main office in the school and wear an identification badge while on the school grounds. All Tutors ae then required to log into CPSTutoring.org to log the time. This can take place

in the Tutor Coordinator’s Office on the first floor.

**Emergency:**

1) Remain calm and follow the directions of staff.

2) Get safe!

3) Let staff know you (and any children with you) are also safe.

* Fire: Use the nearest exit to leave the building. (Follow staff in area.) Go to front of school, outside the parking lot area.
* Tornado: Follow staff to safe, inner building location. Protect your head.
* ALICE: If there is an active shooter, do whatever is needed to insure your safety.
* In Shelter Place: If there is a disturbance in the area, all the doors at PRM will be locked until the “all clear is received.” Normal school activities continue.

**I have read and agree to abide by the above policies and procedures. I will release the CPS District of any obligation should I become ill or receive an injury as a result of my volunteer services. I understand that I will not receive any monetary compensation from the Cincinnati Public Schools in return for services rendered.**

**Print name clearly:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

![PRMlogo_286[1]]()

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

**Volunteer’s Name** (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How I’d like to volunteer at PRM (**Chaperone, help in class, etc.)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**EMERGENCY MEDICAL INFORMATION:***Please include information you would like given to paramedics, if needed.*

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Room Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical problems that we should be aware of?: Yes \_\_\_\_\_ No \_\_\_\_\_

(Allergies, medications being taken, physical impairments to which a physician should be alerted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**GRANT CONSENT IN EMERGENCY:**

In the event of an emergency, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) my transfer to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**X**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(or parent’s signature if under age 18)

**OR**

**REFUSAL TO GRANT CONSENT:**

I do NOT give my consent for emergency medical treatment. In the event of illness or injury requiring emergency

treatment, I wish the school to take the following action:

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

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

(or parent’s signature if under age 18)