



Tabernacle Township Schools

Tabernacle, NJ 08088

Gerald Paterson, Ed. D, Principal
Susan Grosser, Principal

Tabernacle Elementary School
Kenneth R. Olson Middle School

Dear Parents and Guardians,

This notification is for parents or guardians who may be interested in volunteering at Tabernacle School District. The State of New Jersey has passed legislation requiring that all school volunteers submit to a criminal background check and fingerprinting in order to volunteer on a sustained basis. The cost associated with this requirement will be reimbursed to you by the Tabernacle Board of Education This does not include Room Parents or parents/guardians who wish to be a guest speaker or reader in your child's classroom. As a State funded public school, our district must comply with this legislation which is outlined in our Policy.

9180- SCHOOL VOLUNTEERS

*The Board of Education recognizes the services of **volunteers** can enrich the educational program, assist teaching staff members in the performance of their duties, and enhance the relationship between the school district and the community. The Board authorizes a program for the utilization of volunteer services in the school(s) of the school district.*

An unpaid volunteer, as defined below, shall be required to complete a criminal history record check. The Board of Education shall reimburse the volunteer for the cost of the criminal history record check in accordance with the provisions of N.J.S.A. 18A:6-7.2.

For the purpose of this Policy, a "volunteer" is a person who is not paid by the Board of Education, who assists with classroom or other school activities under the direct supervision of an appropriately certified or licensed school district employee, and provides assistance for school activities on a "regular basis" throughout the school year.

If you wish to volunteer at TES or OMS this school year, please check off the area(s) for which you would like to be considered. If you are selected you will be notified about the steps you need to take to complete the fingerprinting process.

****Please return the bottom portion of this form to your child's School Front Office****

Parent/Guardian's Name _____

Child's Name _____

Homeroom Teacher _____ TES _____ OMS _____

Volunteer Areas (Please check off the area(s) in which you wish to volunteer.)

Cafeteria 11:00 – 1:00 Media Center

T2 Running Club Friday's 11:00 – 12:30

If you are not selected to be a volunteer, would you like to be placed on the waitlist?