



# Guidelines for Volunteer, Chaperones, & Drivers

## Midland Community School District

Thank you for your interest in being a field trip chaperone and/or driver. The role of a chaperone is an important one, and while enjoyable, requires accepting certain responsibilities. These guidelines help ensure that school district sponsored field trips result in safe and rewarding experiences for all participants.

### **Becoming a Volunteer Field Trip Chaperone/Driver**

District procedures require that all volunteers have completed a Volunteer Disclosure Statement and have a background check (Iowa Courts Online, Iowa Department of Corrections / FBI, and Iowa Sex Offender Registry) completed at the districts expense. Volunteer drivers will need to provide a copy of a valid driver's license and current insurance card.

### **Guidelines for Chaperones / Drivers**

1. Familiarize yourself with the general instructions given to the students prior to the field trip and enforce these instructions throughout the trip. You have the authority to enforce rules and appropriate behavior. The responsibility for assigning consequences rests with the school staff. Report any major and/or continued infractions to the teacher as soon as possible.
2. Chaperones should set a good example with regard to conduct, language, appropriate dress, etc.
3. The nature of all conversations with or in the presence of students should be positive in nature. Gossip about students, their family members, staff, or community members is unacceptable.
4. Teachers/Sponsors reserve the right to assign and / or reassign students to groups.
5. The students in your assigned group are your responsibility. Know exactly how many students are in your group and learn their names and faces. Be sure that all are present before moving from one place to another.

6. Always be safety conscious.
7. Be on time for designated meeting places and departure.
8. For the protection of both students and chaperones, do not place yourself in situations in which you are alone with a student.
9. School district policies apply to all district sponsored, off-site activities. As a volunteer chaperone you:
  - a. May not smoke or use tobacco or controlled substances including electronic cigarettes or look-a-likes in any form.
  - b. May not consume alcoholic beverages.
  - c. May not administer medications to students.
10. To ensure that you are able to devote your full attention to the important responsibilities of chaperoning, restrict cell phone use to emergencies only.
11. Sensitive information you may learn about a student's abilities, relationships, or background must be kept confidential.
12. Please be aware that some students have photo restrictions; this means their parents have formally requested they not be photographed at school or at school activities. Do not post photos of student on your personal social media. Pictures may be taken and provided to the teacher/sponsor to post on school social media platforms after verification of photo restrictions are non-existent.

#### **Additional Guidelines for Drivers**

1. Follow all traffic laws including speed limits.
2. Do not text while driving.

If you have questions about any aspect of the field trip or the expectations of chaperones, please ask for assistance for the teacher/sponsor. We hope you enjoy your field trip experience.

**I have read, understand, and agree to comply with the guidelines for chaperones and drivers.**

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**Signature**

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**Date**

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**Printed Name**



### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
- Dependent Adult Abuse Registry
- Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address
- Fax
- Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last		First		Agency Name		Telephone Number ( )	
Address						Fax Number ( )	
City			State	Zip Code		Email	
List the name and address of the person whose information is being requested:							
Name (last, first, middle)				Birth Date		Social Security Number	
Address			City	County		State	Zip Code
List maiden name, previous married names, and any alias:							
What is the purpose of your request for child or dependent adult abuse information?							
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.							
Signature of Requestor						Date	

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing						Date	
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee						Date	
Comments							

## LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

### Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.