



Cougars

Central Heights Elementary School

120 Lexington Dr. Billings, MT 59102 (406) 281-6209
Kyra Gaskill – Principal

Agreement of Confidentiality

Thank you for your willingness to be a volunteer at Central Heights. Our parent volunteers are an important part of our children's day. Studies have shown that the more parents are involved in the children's education, the better they will learn. This also shows the children that we value education.

It is important, however, that we keep what happens in the classroom confidential. As a parent volunteer, you are bound by state and federal confidentiality laws. Trust must be established and maintained in order for our volunteer program to be successful. Volunteers can strengthen the bond between themselves and the school by following these guidelines:

- * Treat all student information as personal and confidential regardless of source.
- * Communicate relevant information about students to the respective classroom teacher or principal.
- * Seek clarification of unusual situations that occur in the school from the person(s) involved and avoid discussing such matters with non-school personnel.
- * Retain a sense of perspective regarding comments heard and actions observed.
- * Understand that not all information can and will be shared with volunteers, due to legal considerations.
- * Deal impartially with students regardless of background, intelligence, physical or emotional maturity.
- * Do not discuss student progress or behaviors with the parent. All relevant information should be referred to the teacher or principal. Direct inquiries about students to the professional staff.
- * Speak constructively of all school staff, however, report difficulties involving the welfare of students or school to the principal.
- * Do not discuss confidential information with anyone. This information includes, but is not limited to:
 - scholastic and health records
 - test scores and grades
 - discipline and classroom behavior
 - character traits of children
 - supports and services a student may receive
- * All volunteers are required to sign a statement of confidentiality.

Discipline

- * Solely the responsibility of the teacher in charge.
- * Should students misbehave in your presence, you should report this to the teacher in charge.
- * We expect students to treat volunteers with the same level of respect given to other school personnel.
 - Should you feel this isn't happening, please discuss the matter with the teacher and/or principal.

Volunteer Statement

The school's principal reserves the right to deny or remove any volunteer violating confidentiality or any district policy. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

I acknowledge that I have read and understand this statement of confidentiality.

Volunteer Signature: _____

Date: _____

Thank you again for your support of our school. We really appreciate you.



ALL VOLUNTEERS MUST COMPLETE THIS FORM

**Authorization to Release Information
Including Consent To
Name Based or Fingerprint Background Check**

I, _____, want to volunteer at _____ for _____ within the Billings Public Schools. I authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in §44-5-103(3), MCA**, to the staff of the District and its agents as part of a background check.

I have ___ have not ___ been convicted or adjudicated (A passing of judgment of a court of law or a decision of a judge) of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the background check.

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to provisions of Title 44, Chapter 5, Part 3, MCA.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in termination of my volunteerism.

This document is effective until revoked in writing by me.

Signature

Date

Witness – Principal of Designee

Date

Print full name _____

Print full address _____

City State Zip Phone

Birth Date _____

Social Security Number _____