

Rockford Area Schools Volunteer Agreement

Confidentiality of Student Data

Our school is a vital part of the community. Respecting one's privacy and confidentiality is very important. Students in the Rockford Area School District have the right to expect that information about them will be kept confidential by all employees, volunteers, student teachers, substitutes, and employees of independent contractors as per District Policy 515 (Protection and Privacy of Pupil Records), as well as the Minnesota Government Data Practices Act and the Family Educational Rights and Privacy Act (known more commonly as "FERPA").

- Each student with whom you work has the right to expect that nothing that happens to him or her will be repeated to anyone other than authorized school district employees. Volunteers must keep in confidence any information learned about a student, and may only disclose such information to school officials, as designated by the administrators at each school, who have legitimate educational interests in the information.
- You may not share information about a student even with others who appear genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, healthcare professionals, friends, neighbors, or other community members. This includes members of your own family. You must refer all student-related questions to the student's teacher or principal, or other designated official. The only exception is in the event of an urgent medical emergency, in which confidential information may be provided if necessary for a student's medical care.

Background Checks

In accordance with Policy 404 (Employment Background Checks), all volunteers must consent to a criminal history background check prior to commencing volunteer work with the School District. A separate consent form will be provided.

Volunteer Liability and Indemnification

A volunteer shall at all times indemnify and hold harmless the Rockford Area School District and its officers, agents and employees from any and all claims, damages and expenses arising out of injuries to persons or damage to property which resulted from any omissions or negligent acts of the volunteer.

I understand the expectations outlined above and agree to abide by the guidelines set forth in this agreement and in the policies of the Rockford Area School District, including but not limited to Policy 404 and Policy 515.

Signature	Printed Name	Date
	ators shall be responsible for ensuring that vol	

check, if needed per requirements, and have executed the appropriate Volunteer Agreement.

Building/Program Administrator

Printed Name

Date

Please return original signed copy to the Rockford Area Schools District Office.