

Madison County Schools Volunteer Application

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL FAMILY RESOURCE or YOUTH SERVICES CENTER

'Youth Leader - Background Check' Request Form

Kentucky Court of Justice
www.kycourts.net

***Date of last volunteer training session _____

Failure to comply with these procedures will result in the request being returned unprocessed. If you have any questions once you receive a reply, or if you suspect the information contained in the record is incorrect, contact Pretrial Services at 502-573-1682 or 800-928-6381.

Information on Individual Whose Record is Being Checked (please print clearly):

First Name: _____ M.I. _____ Last Name: _____

Alias/Maiden Names: _____
(separate each name with a comma)

E-mail Address: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / 19____
Month Day Year

Street Address/P.O Box: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone #: _____ / _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing. I agree to keep all information confidential that I am privileged to in the Madison County Schools and I will do my best to ensure the safety of all students under my supervision.

Signature

Date

XX

List first & last names of all school-age children:

School they attend:

Names & schools of your children are used by the schools and are not sent to Frankfort

Madison County Schools

CODE OF CONFIDENTIALITY - STATEMENT OF UNDERSTANDING

Confidentiality – Being trustworthy to protect the private information of others.

One of the most important considerations of a school-based volunteer program is the preservation of confidentiality.

When dealing with our students, you may overhear or witness things that you might be tempted to discuss with others -- **please don't**. By sharing your experiences with others you may compromise the privacy of our students. If you have a concern about a student, discuss the matter professionally with the teacher, counselor, or principal.

Please respect the privacy of teachers, staff, and other volunteers. Consider things seen or heard at school as confidential. Do not publicly criticize school personnel, fellow volunteers, or school policy. If a problem arises, consult with your volunteer coordinator or the principal.

Personally Identifiable Information - Any information such as home address, kin-relationships, description of physical or personality traits that could be used to potentially identify a person, i.e. **a little red-headed girl in Mr. Brown's class... *the fifth-grader with a broken arm... *she lives two houses down from Suzy Smith... *Ms. Greens' nephew.*

◆Out of respect for our entire school community, it is necessary to respect the rules of confidentiality at all times.

Please read the following statements carefully and place a check beside each. Then sign your name at the bottom and put today's date. If there is any part of this document that you do not understand please ask your FRC or YSC director to explain it to you before signing.

_____ I have attended confidentiality training at least one time since my child started school.

_____ I understand the meaning of "**Personally Identifiable**" information.

_____ I understand the meaning of "**Confidentiality**".

_____ I understand that anything I learn (whether good or bad) about a student, staff member, or fellow volunteer while in the role of school volunteer is considered confidential and I am not permitted to share this information with anyone else.

_____ **I agree to observe the Code of Confidentiality.**

Print Full Name on This Line

Signature Required

Date