



CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT: By spending time in the schools as a volunteer/visitor, you may see and hear things about students' work and behavior that need to remain confidential. Further, you may, under limited circumstances, have access to student education records and other student information. WMPS students have the right to expect that information about them will be kept confidential by all volunteers/visitors. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act ("FERPA").

Volunteers/visitors must not repeat anything that happens to or about a student to anyone other than authorized school department employees, as designated by the administrators of the WMPS school at which they are volunteering/visiting. Confidential information may not be discussed in any form, including any type of social media. Volunteers/visitors should not ask a student personal questions that will invade their right to privacy; however, volunteers/visitors should listen without judgment if students wish to share. Though volunteers/visitors should respect the confidentiality of any information a student may share, if a safety or at-risk issue is revealed a volunteer/visitor should share this information with the teacher or an administrator. As a WMPS visitor/volunteer, you agree to the following: 1. I will not discuss with others the identity of any student at any WMPS school, event or program; 2. I will not discuss with others the content of any specific student records, nor will I disclose personally identifiable student information; 3. I must, upon my discovery, immediately report any breach or suspected breach in confidentiality, to the teacher, school principal, or District Compliance Officer; 4. I, as the volunteer/visitor, understand that I may only interact with the student(s) I am designated to observe/interact with and no other student(s) in the classroom and/or building; 5. I will not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, grandparents, or nurses/physicians. A grave medical emergency, in which confidential information may be necessary for a student's care, is an exception; 6. I understand that questions about individual students or the content of confidential student records must be directed to a teacher, principal, or appropriate WMPS administrator.

By submitting this form, I signify agreement with the above information.

Printed Name

Signature

Date

Watertown-Mayer Public Schools * ISD #111
Volunteer/Chaperone Background Check Form

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening process. This may include an inquiry to obtain information regarding your police record, and/or motor vehicle record. The primary objective of any investigation will be to verify information regarding you. An investigative consumer report may be obtained at any time during your time of volunteering with Watertown-Mayer Public Schools. Upon a timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: ____/____/____ (Month, Day, Year)

Driver License # _____ State _____

Other Names Used & Date Changed _____
(Including Maiden Name) (Year Changed)

Current Address: _____

City, State, Zip: _____

Have you ever been charged with or convicted of a Misdemeanor or Felony crime?
Yes _____ No _____

If yes, please explain in some detail, including what county and state and in what year?

I hereby authorize Watertown-Mayer Public Schools and/or their agents and/or assigned without any reservation, to investigate my background as it pertains to criminal and/or motor vehicle data. I hereby release all persons, companies or other entities (which may include the Minnesota BCA website) from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment/volunteering opportunity (or contract) with ISD #111. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant _____

Signature of Applicant _____ Date _____