

BROWNSBORO ISD

VOLUNTEER CONFIDENTIALITY FORM



As a volunteer of the Brownsboro ISD, I understand that I may have access to confidential information about students, students' families, and staff that is not to be shared or discussed with anyone other than designated personnel.

I understand that in the course of my volunteer time the behaviors and abilities of students, teachers and staff are never appropriate topics for discussions outside of school. This information may relate to general items such as address and telephone number or specific student information including academic performance, behavior, disabilities, and related matters.

I understand that academic and personal information about a student should be shared only with the appropriate teachers and school staff and should not be shared with community members, family, friends, or parents of other students. All communication with parents should be handled by school staff.

I also understand I am prohibited from sharing or communicating information about a student or identifying a student on social media.

I understand that if chosen for a volunteer position, I will not receive any monetary compensation as a benefit of volunteerism.

I understand that if there is a violation of these guidelines, it may result in termination of my volunteer services.

CONFIDENTIALITY STATEMENT

By signing below, I indicate I have read and agree to comply with the conditions stated above.

Volunteer

Date