DELAWARE CITY SCHOOLS
VOLUNTEER/STUDENT TEACHER/FIELD EXPERIENCE RELEASE

Name: _____

Address: _____

Home Phone:_____ Cell Phone_____ Email_____

___Volunteer Coach Sport or Activity Coaching_____

____Volunteer Classroom/Office ____Student Teacher/Field Experience _____
(College/University)

___Carlisle ___Conger ___Schultz ___Smith ___Woodward ___Dempsey ___Hayes ___Willis

INFORMATION:

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District (including, but not limited to, the obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law – see below). I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my services.

DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The district is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. You may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access to except as authorized by Board policy and law. Violations of this duty may result in a reassignment and/or restriction of your responsibilities by the building principal or designee.

Must comply with the following:

- All student records are considered confidential.
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.
- You may not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, school or extra-curricular activities.
- You may not discuss information obtained while in a classroom, such as a student's grades or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.
- Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and/or the building principal.

Please continue to the next page

LEGAL DISCLAIMER (attach additional information if necessary)

Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer? ____YES ____NO

If yes, give details_____

Have you ever been convicted of, found guilty of, pled guilty to, pled no contest, currently charged with or an attempted version of any offenses other than misdemeanor traffic? ____YES ____NO

If yes, give details_____

Have you ever been convicted of, found guilty of, pled guilty to, pled no contest, currently charged with or an attempted version of any felony or any offense of violence, theft offense or drug abuse offense, under either state law or any similar municipal ordinance, that is not a minor misdemeanor? ____YES ____NO

If yes, give details_____

Have you ever been subject to an investigation for child abuse by any agency or law enforcement? ____YES ____NO

If yes, give details_____

Are you currently on probation or parole? ____YES ____NO

If yes, give details_____

Have you ever been convicted of a military offense? ____YES ____NO

If yes, give details_____

An affirmative answer will not necessarily disqualify you. Rather all pertinent information will be considered on a case-by-case basis to determine whether the nature and time of the offense (or alleged offense) are manifestly inconsistent with the duties of the position sought.

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application. I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Delaware City Schools (DCS) and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation (BCI) and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the BCI and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the DCS and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize DCS to contact any references whose names I have submitted. I voluntarily release DCS and any persons providing information from any liability and claims relating to the use of information obtained.

_____ _____

Signature of Volunteer, Student Teacher or Field Experience Student **Date**

_____ _____

Approval Signature of Athletic Director or Building Administrator **Date**