



APPLICATION TO VOLUNTEER

Personal Information:

STUDENT NAME(s)/Grades: _____

Parent Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____
(Home) (Cell/Work)

General: I am interested in volunteering in the following ways:

Current Employment:

Please provide the following information about your current or most recent employer:

DATES- MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	POSITION
FROM: TO:		

References:

List below three persons, not related to you whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER

EMERGENCY INFORMATION: In case of emergency, please notify:

(Name) (Address) (Phone)

Have you ever been convicted of a crime (felony or misdemeanor)? Yes ___ No ___
Are you a registered sex offender? Yes ___ No ___

My signature indicates that the information provided is truthful and accurate.

Date: _____ Signature: _____



DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY

Reviewed By: _____ Date: _____

Approved _____ Not Approved _____

Heritage Heights Elementary School

SUBJECT: Student Privacy and confidentiality agreement for school volunteers

Your service as a volunteer in our school is greatly appreciated. In your association with teachers and students, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. Confidentiality is of the utmost importance in your work with teachers and students. You may not discuss a child even with that child's parents/guardians; nor are you to contact parents/guardians regarding the behavior or performance of students. You must always refer any questions regarding students to the student's teacher or the building principal. If you need help with a student, discuss the matter professionally with the child's teacher or other designated school official. *Before beginning service as a volunteer in our School District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below.*

- 1) I will not discuss with others, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in the school; nor will I disclose or permit to be disclosed, directly or indirectly, student education records, personally identifiable student information in such records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members and/or as authorized by administration.
- 2) The confidentiality of student information shall include, but not be limited to, the following topics:
 - a) Academic standing (including student grades and test scores)
 - b) Attendance
 - c) Financial status
 - d) Physical/mental health identity and history
 - e) Disciplinary status/records
- 3) I further understand that, in accordance with the Family Education Rights and Privacy Act, "education records" (generally defined as "those records, files, documents and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution) cannot be released, except as enumerated in law, without parent/guardian permission.
- 4) As a volunteer, I understand that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school officials in accordance with applicable law.
- 5) While in the possession and control of confidential student data, I understand that I must protect those documents from being viewed or obtained by non-authorized individuals.
- 6) I will never take any confidential student data off campus unless authorized by the building principal or his/her designee.
- 7) Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the school administrator and/or staff member that supervises the volunteer.

- 8) I must report any breach or suspected breach in this confidentiality agreement to the building principal or his/her designee.

Volunteers in our School District shall perform tasks only under the supervision and guidance of appropriate staff, and are expected to comply with all District rules and regulations. Orientation and in-service training will be provided by appropriate staff to help ensure volunteer awareness of their duties, responsibility and expectations; and will stress the issues and importance of confidentiality of student information. Volunteers shall be given selected materials, including applicable Board policies and/or administrative regulations that address the role of the volunteer.

Violations of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her designee is responsible for decisions concerning continuation or discontinuance of a volunteer's activities.

Volunteer Confidentiality Agreement and Signature (required for all volunteers)

By signing, I acknowledge that I have read, understand and will comply with the Confidentiality Statement above:

Name of Volunteer (please print)

Date

Signature of Volunteer

Signature of Administrator

Date

This Confidential Agreement will be kept on file in the Main Office of the building to which the volunteer has children. A copy of the Agreement will be provided to the volunteer upon request.

Heritage Heights Elementary School

Chaperone Agreement

If you are chaperoning a school sponsored field trip you agree to:

- A. Chaperones must be 21 years or older
- B. For safety reasons, younger siblings are not allowed to attend field trips
- C. Chaperones may not purchase or allow students to purchase souvenirs or food items
- D. No smoking or alcohol
- E. Follow the confidentiality agreement
- F. Chaperones are responsible for any admission costs

_____ I have read the chaperone statement above and agree to comply with it while serving as a chaperone on my child's field trips.

Signature

Date

Preferences

Please express your preference, checking as many items as you wish:

- I prefer working with children on an individual basis (one to one).
 I prefer to work with groups of children.
 *If possible, I would prefer to work in my child's class. Yes _____ No _____
 If yes, child's teacher's name - _____

The type(s) of work that I would prefer are: (check one or several below)

- | | |
|---|---|
| <input type="checkbox"/> General classroom assistance | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Math | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Art |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Music |
| <input type="checkbox"/> I can speak a foreign language | <input type="checkbox"/> Other: (specify below) |
| <input type="checkbox"/> I can write a foreign language | |

Which language(s) _____

Specify Other: _____

Do you have any experience? _____ YES _____ NO

Explain: _____

How often would you be willing to serve and how many hours would you be available?

How often? Once a week Daily Twice Weekly Other

Time Available (example: Monday, 9-11 am)

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I would like to be called to help at: (check as many as you'd like)

- Chaperone for Field Trips (called as needed by teacher)
- Winter Concert (Mrs. Zehler will contact you)
- Spring Concert (Mrs. Zehler will contact you)
- Holiday Store (PTA will contact you)
- Fall Fundraiser pick up day (PTA will contact you)
- Fall picture day help (Picture Coordinator will contact you)
- Spring picture day help (Picture Coordinator will contact you)
- Friendship Day & School Picnic (PTA will contact you)
- PTA events / set up and or take down (PTA will contact you)

Name (Please print) _____

Child's Teacher's Name _____

Your phone number to contact you _____