

**M.S.A.D. No. 75
Volunteer Application**

VOLUNTEER CONFIDENTIALITY AGREEMENT:

As a volunteer for M.S.A.D. No. 75, I understand that student and staff information is confidential. Therefore, I agree not to access, review, disclose or use any such confidential information without approval from a school Administrator. I also understand that this applies even when I am no longer volunteering in any of the schools within M.S.A.D. No. 75. Should I breach these confidentiality requirements, as outlined by the Family Educational Protection Rights Act (FERPA), I understand that this could lead to immediate termination as a volunteer and could result in legal action against me.

I agree to adhere to the same school rules applicable to all staff and to follow directions outlined by school Administrators and Staff during my time as a volunteer. I understand that my time spent as a volunteer may be terminated at the discretion of the Superintendent or School Principals at any time they determine it is in the best interests of students and M.S.A.D. No. 75.

Please place a check mark by the school(s) you wish to volunteer in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bowdoin Central | <input type="checkbox"/> Bowdoinham Community | <input type="checkbox"/> Williams-Cone |
| <input type="checkbox"/> Harpswell Community | <input type="checkbox"/> Woodside Elementary | <input type="checkbox"/> Coach - Mt. Ararat Middle School |
| <input type="checkbox"/> Mt. Ararat Middle | <input type="checkbox"/> Mt. Ararat High School | <input type="checkbox"/> Coach - Mt. Ararat High School |

Full name: _____
(Please print) (Last) (First) (MI)

Prior name or Alias: _____ Phone (H): _____ (C) _____

Mailing Address: _____
(Street) (Town) (Zip Code)

Email Address: _____

Emergency Contact: _____ Phone Number: _____

My signature below constitutes authorization for M.S.A.D. No. 75 to conduct a background check through the M.S.A.D. No. 75 Human Resources Department. This check will be overseen by the Human Resources Director of M.S.A.D. No. 75 and findings will remain confidential.

Signature: _____ **Date:** _____

Date of Birth: ____/____/____

For HR use only: Background check complete. <input type="checkbox"/> Volunteer approved <input type="checkbox"/> Yes <input type="checkbox"/> No
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