Douglas County School District
PARENT VOLUNTEER AGREEMENT

By completing the information below and signing, you agree to the following:

To Maintain Student Confidentiality

As a Parent Volunteer assisting within the Douglas County School District Re. 1 ("District"), you have been authorized by the Principal or the Principal's designee to act as a school official subject to the Direction and control of the school's administrators and teachers.

You understand and agree that your failure to maintain the confidentiality of all school and student information, along with any education records to which you are given access, may disqualify you from further service as a community volunteer in the District.

Consent for a Background Check: The District may conduct a background check on volunteers who provide service at any District event and/or facility. By providing the information requested and signing below, you consent to the District conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

Contact Information

Parent-Guardian-Step-Parent

Name (please print) _____   **Colorado** Driver's License _____

Date of Birth _____   Email Address _____

Address, City, Zip Code _____

Signature _____   Relationship to student _____   Date _____

Parent-Guardian-Step-Parent (For an additional parent volunteering from this household)

Name (please print) _____   **Colorado** Driver's License _____

Date of Birth _____   Email Address _____

Address, City, Zip Code _____

Signature _____   Relationship to student _____   Date _____

Placement Information

School where you plan to volunteer _____

Teacher's name, if working in a classroom _____

(If applicable) Student(s) Name _____   Grade _____

_____   Grade _____