



SCHOOL BASED
POI

JEFFCO ID#

Person of Interest: School-Based
2023/2024 School Year

Usage:

For school based volunteers and consultants. Contracted special service providers, student teachers, and department based consultants have their own forms.

Please fill out all fields

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Telephone #: _____

Start Date: _____ End Date: _____

Have you previously worked with Jeffco? Yes No

Provide any other names used: _____

Type of assignment (check one):

- Exchange Teacher
- School Support Volunteer
- Athletic Trainer
- School Support Consultant (ex: JCMH therapist, Site professor, etc):

Assignment Location(s):

Required for Athletic Trainers	
Department Name: _____	Department ID: _____
Athletic Director's Name: _____	

Background Screenings are not required for the above listed assignment types. However, they are strongly recommended.

X _____ Date: _____
Principal/Athletic Director/Manager's signature



SCHOOL BASED- POI (CONT'D)

Person of Interest Name: _____

Demographic Information

Gender: Female Male Date of Birth: _____

Social Security Number: _____

Ethnicity:

The following two questions are voluntary; however, we must provide a default answer (White, Not Hispanic) to Colorado Department of Education and other State and Federal reporting agencies if you choose not to self-report. Please answer both questions below:

1. Do you consider yourself to be of Hispanic/Latino origin? (choose one)

- No, Not Hispanic/Latino Yes, Hispanic/Latino

2. Which of the following groups describe your race? (Select all that apply)

- American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White

I choose not to provide this information (the default reported will be White, not Hispanic/Latino).

System Access Information

All POIs have access to email, ESS/Access Jeffco, and department site servers. Additional access is determined by POI type and department need. Direct any questions about system access to User Security.

In order to use the Hitachi Password tool we must have both your date of birth and Social Security Number. The tool uses these personal information items to verify your identity prior to system access.

Managers: If needed, Contact Infrastructure Services to request voicemail setup. There is a one-time charge of \$13.75 to the department.

Please submit the completed document, and any required attachments, by logging into Jeffco Help and completing a "Person of Interest Forms" ticket.

Questions? Please email HREmplRecLeads@jeffco.k12.co.us



NON-EMPLOYEE CONFIDENTIALITY AGREEMENT

Name: _____

As a non-employee of the Jefferson County Schools, you may have access to confidential or sensitive employee or student information. That information may include personnel record data, student record data, medical information or health care records, financial details, salary and benefits information, performance evaluation data, disciplinary action information, work status information and other confidential information or materials.

Jefferson County Schools has both a legal and ethical obligation to protect the confidentiality and privacy of information relating to its employees and students. It is the policy of the Jefferson County Schools to maintain strict confidentiality of human resources and student information. The sensitivity and personal nature of this information must be protected. Confidential information about an employee and students should be accessed only as authorized by supervising staff; records should be stored in a secure environment when not in use and not disclosed to unauthorized personnel. Unauthorized accessing of records (computerized or paper), divulging confidential information to an unauthorized third party, using confidential information for personal use and or removing of confidential information from the premises is strictly prohibited.

Failure to maintain confidentiality of employee and/or student and district information as described above and in the policies referenced below will result in termination of my assignment and applicable legal recourse.

By signing this document, I acknowledge that the confidentiality obligations of this agreement will survive my service to the District and I am agreeing to comply with District Policies EHAA, EH, EJ, EGAEA, GBEE, GBJ, JRA, and JRC. These policies are available via the following link on the policies tab: <https://www.boarddocs.com/co/jeffco/Board.nsf/Public>.

Signature of Person of Interest

Date: _____