PISD Volunteer Form

Name _____

Address _____

Phone # _____

Email _____

Parent of _____

Campus: **Activity**

_____ **Palacios Elementary** _____

_____ **Palacios Junior Senior High** _____

OFFICE USE ONLY: _____

CHC _____ **Approved** _____ **Denied** _____
Date **Status**

Principal Approval _____ **Approved** _____ **Denied** _____
Date

STATEMENT OF CONFIDENTIALITY FOR VOLUNTEERS

I understand that in the course of my association with Palacios Independent School District, I accept the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

As a volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I promise to take to my work an attitude of open-mindedness, a willingness to be trained, as well as interest and commitment.

I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and, if substantiated, could result in termination of my involvement with the District, and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

_____ _____

Volunteer Signature **Date**

_____ _____

Campus Principal Signature **Date**

PISD Volunteer

Criminal History Check Form

CONFIDENTIAL

Name: _____

Address: _____

_____

Date of Birth: _____

Driver's License No: _____

** Please attach a photocopy of your ID for verification. The information requested is necessary to obtain criminal history record information. By signing below, you agree to allow Palacios Independent School District to conduct a name-based background check.

_____

Signature

_____

Date

OFFICE USE ONLY

CHC VERIFICATION DATE _____

APPROVER SIGNATURE _____