

Volunteer Confidentiality Agreement Park City School District

Thank you for your interest in volunteering in the Park City School District (District or PCSD). Volunteers provide a valuable service to our schools and the District appreciates the time, talent, commitment, and energies given by all volunteers.

The continued safety of our students and staff is a top priority for the District as is the protection of confidential student information. Volunteers are encouraged to report any inappropriate behavior or governmental action that they observe to the building administrator, their supervisor or the appropriate district official.

CONFIDENTIALITY AGREEMENT

By spending time in the schools as a volunteer, you may see and hear things about students' work and behavior that need to remain confidential. Further, you may, under limited circumstances, have access to student education records and other student information.

PCSD students have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (FERPA).

Volunteers must not repeat anything that happens to or about a student to anyone other than authorized District employees, as designated by the administrators of the PCSD school at which they are volunteering. Confidential information may not be discussed in any form, including any type of social media. Volunteers should not ask a student personal questions that will invade their right to privacy; however, volunteers should listen without judgment if students wish to share. Though volunteers should respect the confidentiality of any information a student may share, if a safety or at-risk issue is revealed a volunteer should share this information with the teacher or an administrator.

As a PCSD volunteer, you agree to the following:

1. I will not discuss with others the identity of any student at any PCSD school, event, or program;
2. I will not discuss with others the content of any specific student records, nor will I disclose personally identifiable student information;
3. I must, upon my discovery, immediately report any breach or suspected breach in confidentiality, to the teacher, school principal, or appropriate district official;
4. I, as the volunteer, understand that I may only interact with the student(s) I am designated to observe/interact with and no other student(s) in the classroom and/or building;
5. I will not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, grandparents, or nurses/physicians. A grave medical emergency, in which confidential information may be necessary for a student's care, is an exception;
6. I understand that questions about individual students or the content of confidential student records must be directed to a teacher, principal, or appropriate PCSD administrator

Printed Name

Date(s) of Visit

Signature

Date

**** Please fill out the Volunteer Services Application on the reverse side of this form**

_____ School Year
VOLUNTEER SERVICES APPLICATION



Park City School District volunteer services applications are valid for the school year in which the application is submitted. A new application is required every school year for continued volunteer service.

Legal Name: _____ Phone Number: _____
Last, First

E-mail Address: _____

Areas of interest for volunteer services or Program: _____

I am a: _____ Community Member _____ Outside Service Provider _____ Third Party Partner

_____ I am a parent/guardian. Student Name: _____ School: _____

Student Name: _____ School: _____

Current Employer OR Most Recent Employer _____

Position: _____

Supervisor: _____ **Phone Number:** _____

Have you ever (1) forfeited bail, or been (2) convicted, (3) fined, (4) jailed, (5) arrested/charged with, or (6) placed on probation for any violation of law other than minor traffic offenses? _____ YES _____ NO

Have you ever had a teaching license revoked or suspended? _____ NA _____ YES _____ NO

Including any Volunteer Assignments, Have you ever been released from a contract, resigned to avoid termination or disciplinary action, suspended or placed on leave? _____ YES _____ NO

If you answered "YES" to any of the above, please attach a separate sheet with a detailed explanation.

By signing my name, I hereby certify that the facts set forth in the above volunteer application are true and complete to the best of my knowledge. I authorize Park City School District to verify their accuracy and to obtain reference information on my work performance as well as authorize previous qualifying employers to disclose information regarding any employment action taken or discipline imposed for the physical abuse or sexual abuse of a child or student. I hereby release Park City School District from any and all liability of whatever kind of nature which at any time, could result from obtaining and having a decision regarding my volunteering based on such information.

Applicant Signature

Date

ADMINISTRATIVE USE ONLY: I certify the above-named volunteer (check one):

_____ Outside Service Provider. Will Be supervised by a supervising employee.

_____ Third Party Partner (Administrator must select one area below):

_____ Will be supervised by a supervising employee. _____ Will have significant unsupervised access to student(s)

_____ Permanent volunteer/Recurring Volunteer

Administrator Signature

School

Date