



3140 W. Buckeye Rd. Phoenix, AZ 85009  
Phone Number 602-353-5004

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### **Volunteer Procedures and Policies**

Thank you for your interest in volunteering with Murphy Elementary School District #21. We appreciate your dedication to our students and community. Photo ID required for all Volunteers.

Non-Parent/Community Volunteers:

A background screening will be needed and conducted and paid for by Murphy School District #21

Attached you will find:

- \*Volunteer policies and procedures
- \*Volunteer Guidelines
- \*Confidentiality Agreement
- \*Volunteer Application
- \* Emergency Card
- \* Checklist for all Volunteers
- \* Background Screening Acknowledgement form

Parents/Legal Guardians- DO NOT NEED TO BE BACKGROUND SCREENED

All volunteers must attend a volunteer training provided by the Community Liaison.

Completed applications will be submitted to Human Resources who will notify the Community Liaison, of approved applicants. The Community Liaison will inform the school principal of the parent/community volunteers approved by Human Resources.

The school principal will contact approved volunteers and arrange an orientation at the school.

**Who can Volunteer:** Volunteers can be identified as parents, grandparents, community member, retirees, senior citizens, and presenters. Anyone who volunteers must be 18 years of age or older, must present a form of identification, and fill out all necessary paperwork, and follow guidelines for Background Screen.

**What kind of jobs do volunteers fill:** a volunteer will not replace paid school staff, but will provide assistance in an assigned setting as needed. Some jobs can include reading to children, preparing materials, setting up bulletin boards, chaperones for dances, or fieldtrips, or library assistance.



## **PROCEDURES FOR VOLUNTEERS**

### **PARENT VOLUNTEER- A parent or guardian of a student(s) attending Murphy School**

Parent volunteers may volunteer their services in their child's classroom at any time as long as they have permission for the child's teacher and site administrator. They must provide ID and sign in at the front office on every visit. A schedule of their services will be kept on file in the front office. They must also obtain a volunteer's name tag/badge from the front office, which consists of their name and the location where they are volunteering.

If a parent is volunteering outside their child's classroom, they must obtain the permission of the site administrator, complete a volunteer packet, which includes having a background check completed, and having all paperwork notarized by the Human Resources Department. ID must be presented at the time of completion of the volunteer packet.

Parent Volunteers must attend orientation with the appropriate supervisor upon clearance from the Human Resources Department.

Parents must also complete an emergency card to keep on file in the front office of the school where they are volunteering.

### **COMMUNITY VOLUNTEER- An individual not having any children attending any of our district schools**

The same rules apply for any volunteer. The community member must obtain approval from the site administrator, complete a volunteer packet, which includes a background check, notarized by HR, provide the district with ID, be 18 years of age, and complete an orientation with appropriate supervisor upon clearance from the Human Resources Department. All volunteers must sign in at the front office and be provided with a name tag/badge showing their name and location.

A community Member that is volunteering must also complete an emergency card to keep on file in the location of where the volunteer work is being completed.

### **GUEST SPEAKER/PRESENTER**

A guest speaker/presenter, who is a non-employee, who provides information or activities to staff, students, parents or the community during or after school hours, using district facilities, must follow the following procedures:

#### **ONE TIME SPEAKER/PRESENTER**

Must obtain permission from the site/district administrator for the use of the facility(ies), approval of the subject matter, materials, time frame and the focus group intended for the presentation. A partner agreement between the supervising administrator and the presenter must be signed by both parties. The supervising administrator must assign a fingerprinted staff member to accompany the presenter and be present at the event until completion. '

#### **MULTIPLE PRESENTATIONS**

**The presenter/agency in charge of the presentations must submit an MOU or Partner Agreement to Business Services for approval. In the MOU or Agreement, the agency must specify the name of the agency, name of the presenter(s), background check and e-verify procedures. They must also include the services rendered, age group, facility needed, timeframes, materials to be utilized and the targeted group. Upon approval from the Sr. Director of Business Services and Human Resources, services may be rendered.**



### Confidentiality Agreement

Murphy Elementary School District employees, including contractors and volunteers, support a variety of school district functions in the performance of their job duties. Volunteers may, as part of their assignment, have access to confidential student, employee and district information and records about educational, personnel, medical, and academic matters from various media sources. Media sources include but are not limited to, paper, electronic, interoffice communications, internal parent volunteering with MSDAZ, volunteers are accountable for the responsible use of district information and for ensuring the confidentiality, integrity, and accuracy of information.

1. I have read and acknowledge the confidential nature of non-public information. I take responsibility for maintaining the confidentiality of all student, employee, and district information and records. This information will not be revealed, distributed or discussed (even through casual conversation) with anyone.
2. I will not alter, change, modify, add, delete, or destroy student, employee, or district information or documents. I will follow proper procedures for the disposal of confidential documents as instructed and authorize by a supervisor.

I understand that failure to fully abide with the confidentiality agreement above I will be immediately asked to leave campus. I understand that disclosing confidential data, without proper authorization, violates the Family Educational Rights and Privacy Act (FERPA) and other federal and State laws and regulations that protect the confidentiality of information and records.

Please select one:  Parents  Non-Parent/Community

My signature below indicates that I have read the above agreement and understand my responsibility for maintaining the confidentiality of MSDAZ information and records, regardless of the form. I agree not to disclose student, employee, or other confidential MSDAZ information to any unauthorized person or organization while volunteering at MSDAZ.

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Print Name

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Signature





Name: \_\_\_\_\_

**Please circle appropriate response:**

- |                                                                                   |     |    |
|-----------------------------------------------------------------------------------|-----|----|
| 1. Have you ever been convicted of a minor offense other than traffic violations? | Yes | No |
| 2. Have you ever been convicted of a felony?                                      | Yes | No |
| 3. Have you ever been convicted of a drug-related offense?                        | Yes | No |
| 4. Have you ever been convicted of a sex-related offense?                         | Yes | No |
| 5. Have you ever been arrested for any offense which has not yet been resolved?   | Yes | No |

**\*\*If yes, please circle the letter matching the conviction\*\***

- a. First or second degree murder.
- b. Kidnapping
- c. Arson
- d. Sexual Assault
- e. Sexual exploitation of a minor
- f. Felony offenses involving contributing to the delinquency of a minor
- g. Commercial sexual exploitation of a minor
- h. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs.
- i. Felony offenses involving sale, distribution of transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs.
- j. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
- k. Burglary in the first degree.
- l. Burglary in the second or third degree
- m. Aggravated or armed robbery
- n. Robbery
- o. A dangerous crime against children as defined in S-13-604.01.
- p. Child Abuse
- q. Sexual conduct with a minor.
- r. Molestation of a child.
- s. Manslaughter
- t. Aggravated assault
- u. Assault
- v. Exploitation of minors involving drug offenses
- w. Sexual abuse of a minor

**If any of the above answers are marked "YES" fill in the information below**

Conviction Charge (s): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Amount of Fine: \$ \_\_\_\_\_

Length of jail term: \_\_\_\_\_ Length of Terms of Probation: \_\_\_\_\_

**This portion must be read and signed:**

I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will serve as grounds to refuse to allow me to volunteer for Murphy School District #21. I authorize the Murphy School District #21 to request and obtain records to determine the accuracy of my responses.

Date: \_\_\_\_\_ Signature of Volunteer: \_\_\_\_\_

**PARENT/GUARDIAN VOLUNTEERS/SPEAKERS/PRESENTERS  
EMERGENCY INFORMATION**

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Medical Emergency Information Medication (allergy) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Emergency Contact #1:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact #3:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**IJOB  
COMMUNITY RESOURCE  
PERSONS/SPEAKERS**

The District recognizes that one of the greatest resources of the school is to be found in the people in the community who have special knowledge and particular talents to contribute to the school program. Therefore, the use of community resources and citizens to serve in furthering the educational program is encouraged. Staff members should study the needs of their respective schools, survey the resources available in the school community, weigh their probable usefulness, and then present to the Superintendent for approval any staff-developed plans for using those community resources. The Superintendent will consider all such plans, on both their merit and their implications, as if they were to be carried out throughout the District. Use of outside personnel and resources would be under procedures authorized by the Superintendent.

**I-6600 IJOC  
School Volunteers**

Citizens who voluntarily contribute their time and talents to the improvement and enrichment of the schools for instructional and other programs are valuable assets. The Governing Board encourages constructive participation of groups and individuals in local schools to perform appropriate tasks during and after school hours under the direction and supervision of professional personnel. Whenever possible, community volunteers will be recruited from the neighborhood served by the school in which they work.

Recruitment, utilization, coordination, and training of volunteers is a responsibility of the school administration and will be carried out as direct or delegated by the Superintendent. Every effort should be made to utilize volunteer resources in a manner that will ensure maximum contribution to the welfare and educational growth of pupils.



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**Volunteer Checklist**

1. Attended the parent Volunteer training
2. Reviewed district policies regarding volunteers
3. Completed volunteer application
4. Completed Emergency Card
5. Parent/ Non-Parent/Community-Provided copy of ID and completed background screening form with HR
6. Parent/Non-Parent/Community-Provided Background Screening

Recommend for Volunteering       Not Recommended for Volunteering

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Applicant Printed Name                      Applicant Signature                      Date

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HR Printed Name                      HR Signature                      Date

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Community Liaison                      Community Liaison                      Date

**ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION @ MURPHY ELEMENTARY SCHOOL  
DISTRICT #21**

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT AND OTHER STATE/LOCAL NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by EMPLOYER (the Company) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening, P.O. Box 5920, Scottsdale, AZ 85261, 877-263-8033, [www.universalbackground.com](http://www.universalbackground.com)** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**EMPLOYER** ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks.

The investigations will be conducted by **Universal Background Screening, P.O. Box 5920, Scottsdale, AZ 85261, 877-263-8033, [www.universalbackground.com](http://www.universalbackground.com)**.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date:

A Summary of Your Rights Under the Fair Credit Reporting Act The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

The following FCRA right applies with respect to nationwide consumer reporting agencies: **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE** You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact: FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G. Street, N.W. Washington, D.C. 20552</p> <p>b. Federal Trade Commision Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877)382-4357</p>
<p>2.To the extent not included in item 1 above:</p> <p>A. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.</p> <p>d. Federal Credit Unions</p>	<p><b>a.Office of the Comptroller of the Currency Customer Assistance Group</b> <b>1301 McKinney Street, Suite 3450</b> <b>Houston, TX 77010-9050</b></p> <p><b>b.Federal Reserve Consumer Help Center</b></p>

