M.S.A.D. No. 75
VOLUNTEER APPLICATION

Please place a check mark by the primary schools* you wish to volunteer in:

☐ Bowdoin Central	☐ Williams-Cone	☐ Mt. Ararat Middle School
☐ Bowdoinham Community	☐ Woodside	☐ Mt. Ararat High School
☐ Harpswell Community	*Volunteers are approved districtwide; this provides us information to communicate directly with your primary school.	

Full Legal Name: _____ _____ _____
(Last) (First) (MI)

Prior Name(s)/Alias:_____ Date of Birth:_____/_____/_____

Mailing Address: _____ _____
(Street) (Town)

Email Address: _____ Phone: _____

CONFIDENTIALITY AGREEMENT:

As a volunteer for M.S.A.D. No. 75, I understand that student and staff information is confidential. Therefore, I agree not to access, review, disclose, or use any such confidential information without approval from a school Administrator. I also understand that this applies even when I am no longer volunteering in any of the schools within M.S.A.D. No. 75. Should I breach these confidentiality requirements, as outlined by the Family Educational Protection Rights Act (FERPA). I understand that this could lead to immediate termination as a volunteer and could result in legal action against me.

I agree to adhere to the same school rules applicable to all staff and to follow directions outlined by the school Administrators and Staff during my time as a volunteer. I understand that my time spent as a volunteer may be terminated at the discretion of the superintendent or School Principals at any time they determine it is in the best interests of students and M.S.A.D. No 75.

My signature below constitutes an understanding of the Confidentiality Agreement and authorization for M.S.A.D. No. 75 Human Resources Department to conduct a background check. All findings will remain confidential.

Signature:_____ ***Date:*** _____