

## VOLUNTEER APPLICATION

Thank you for your interest in the Fort Ann Central School District

We appreciate volunteers and the role they play in continually improving our schools. Please complete the following questionnaire. We have a responsibility to our parents and students to know those who work in our schools and therefore reserve the right to conduct background checks and fingerprinting of any volunteers. **Information you provide in this application is considered confidential.**

### Personal Data

Last Name <i>(please print)</i>	First Name <i>(please print)</i>		
Street Address	City	State	Zip Code
Home Telephone Number	Cell Telephone Number	Other	

Email Address \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever volunteered in the Fort Ann Central School District ?  Yes  No

If yes, when and where? \_\_\_\_\_

Do you have a child[children] who attend/will be attending [a school in the District]?  Yes  No

Child's Name \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_

### Availability/Interests

Please check your preferred hours and days below:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Entire school year (August/September – May/June) \_\_\_\_\_

Summer School (July – August) \_\_\_\_\_

Program/Short Term Project \_\_\_\_\_

Other \_\_\_\_\_

Indicate your category(s) of interest as a volunteer:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Classroom volunteer | <input type="checkbox"/> Mentor                             | <input type="checkbox"/> Library                |
| <input type="checkbox"/> Art                 | <input type="checkbox"/> Tutor [Subject]                    | <input type="checkbox"/> Special education      |
| <input type="checkbox"/> Science             | <input type="checkbox"/> Enrichment activities [activities] | <input type="checkbox"/> Clerical (list skills) |
| <input type="checkbox"/> Technology          |   |   |
| <input type="checkbox"/> Chaperone           |   |   |
| <input type="checkbox"/> Playground          | <input type="checkbox"/> Lunch room                         |   |
| <input type="checkbox"/> Special events      | <input type="checkbox"/> Office support                     |   |
| <input type="checkbox"/> Other               |   |   |

Multilingual  Yes  No (Language(s) \_\_\_\_\_)

American Sign Language

First Aid Card Expiration Date \_\_\_\_\_ CPR Card Expiration Date \_\_\_\_\_

**Health Information**

Who should we contact in case of emergency? \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any special medical/physical limitations that will significantly impact your volunteer service, or require special accommodations to enable you to volunteer?  Yes  No

If yes, please describe:

Are you taking any medications of which we should be aware in the event of an emergency?

Do you currently have any contagious or infectious diseases?  Yes  No  
*(If yes, you must provide a doctor's statement verifying that you can work with the public.)*

Have you been exposed to TB?  Yes  No

If yes, explain

**Legal Information**

Have you ever been convicted, pled *nolo contendere*, or received a deferred prosecution or judgment in response to a felony, misdemeanor, or criminal charge (excluding minor traffic offenses such as speeding)?  Yes  No

Have you ever been involuntarily terminated, asked to resign or tendered your resignation to avoid termination in connection with any position in which you worked with children?  Yes  No

Are there any past or present incidents which would provide the basis for alleging that you engaged in immoral conduct which affects the health, safety or welfare of children?  Yes  No

If your answer is "yes" to any of the above questions, please provide complete details on a separate sheet stating date, charge, place, and action taken. Be advised that an affirmative answer does not automatically disqualify an applicant. An additional notarized statement similar to the above will be required if you are recommended for the position.

**STATEMENT**

I hereby authorize any employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide the Fort Ann Central School District, or any person or agency so authorized, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for the position.

This authorization shall be valid as long as the application remains active in the the Fort Ann Central School District or, if I should become a volunteer for the Fort Ann Central School District, for the duration of my position.

I agree that neither Fort Ann Central School District nor any such parties listed herein shall be held liable in any respect if any position offered is not tendered, is withdrawn or my position is terminated due to falsity of the statements and answers in this application form, made or given pursuant to this application. Denial of information requested above may prevent consideration of this application.

I have read the Fort Ann Central School District volunteer policy (and any other applicable information) and agree to follow all Fort Ann Central School District policies, procedures and protocols with regard to student safety, confidentiality, discipline and school rules.

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Signature

Date

\_\_\_\_\_  
Print Name

## VOLUNTEER AGREEMENT

Thank you for your willingness to serve as a volunteer for Fort Ann Central School District  
The purpose of this Agreement is to establish expectations for Volunteers, which will help ensure that effective educational activities take place in a safe, secure, and welcoming environment.

I understand and agree to all of the following provisions while volunteering in  
Fort Ann Central School District :

1. I will check in at the Principal's office when I arrive at a school, so that only authorized individuals will be allowed on school grounds.
2. At all times, I recognize that I serve under the direct supervision of a Fort Ann Central School District staff member.
3. A Principal or designee will determine my schedule, work location, and duties, and I am responsible to comply with these.
4. I will wear my volunteer badge at all times that I remain as a volunteer in a school, on school grounds, or in the course of volunteering at any Fort Ann Central School District activity.
5. Because I recognize that teachers, students, and others depend on me, I will notify the school in which I am serving as soon as possible if I must be late or absent.
6. I will not give medications or medical treatment to a student.
7. I will not promote any commercial product or brand names.
8. I will not make referrals or suggestions for referral to any private or public treatment program, individual or agency.
9. I will not promote or otherwise share my religious or political beliefs.
10. I will immediately report directly to the school principal or another administrator any information disclosed to me concerning a child's safety.
11. I will notify the school principal of any potential student disciplinary issues, and will seek the aid of appropriate school personnel in the case of serious discipline problems, or suspected mental health or drug/alcohol problems.
12. I will not lend money to students.
13. I am responsible for knowing and following all Fort Ann Central School District policies while volunteering.
14. I will not harass nor discriminate against any student, staff member, or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, disabling condition, sexual orientation, or social or family background.
15. I will respect the confidentiality of any student or staff member information to which I have access in the course of my volunteer work.
16. I may not further disclose student or staff information which is provided to me to anyone other than the teacher or school administrator with whom I am working. Should I inadvertently acquire any such information through the use of Fort Ann Central School District technology, or any other means, I understand that this fact must be reported immediately to a Fort Ann Central School District administrator.

17. I will never take any confidential student records off campus unless specifically authorized by the teacher or school administrator with whom I am working.
18. I understand that prior to serving as a Volunteer, or at any time during my service as a Volunteer, \_\_\_\_\_ Fort Ann Central School District \_\_\_\_\_ may seek or conduct a background check on me for any reason. This background check may include obtaining a report from a reporting agency that may include information concerning my criminal history. By providing the information requested and signing below, I consent to Fort Ann Central School District \_\_\_\_\_ conducting a background check. I further agree to provide any additional information that may be necessary in order that Fort Ann Central School District \_\_\_\_\_ can seek or conduct such background check. Any falsification on this form may result in consequences up to and including termination of the volunteer relationship.
19. I understand that the District reserves the right to decline my volunteer service at any time.
20. I understand that I am expected to be familiar with the school building's fire drill, evacuation, and lockdown procedures.
21. I understand that as a Volunteer I am covered by the School District's liability insurance as long as I follow Volunteer protocol and I immediately notify the Principal/Administrator of any occurrence that may result in a claim.
22. I understand that I am not authorized to drive School District vehicles or to transport children, staff or school guests in my own vehicle (unless I have complied with the requirements of the District).
23. I understand that the \_\_\_\_\_ Fort Ann Central School District \_\_\_\_\_ cannot and will not grant permission for me to communicate with a student outside the regular school day. Any such permission can only be granted by the student's parent/guardian.
24. I understand and agree that any injury I may sustain while performing service as a Volunteer will not be covered by the School District's Workers' Compensation insurance unless such coverage is provided under state law, and will be my responsibility.

\_\_\_\_\_  
Name (please print)

Male  Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone Number

Emergency contact (name and telephone no.): \_\_\_\_\_

**FOR OFFICE USE:**

Signature of Principal/Administrator Authorizing the Volunteer:

\_\_\_\_\_

\_\_\_\_\_  
Date

Volunteer Event/Assignment: \_\_\_\_\_

**FORT ANN CENTRAL SCHOOL DISTRICT  
STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT  
FOR SCHOOL VOLUNTEERS**

Your service as a volunteer in our schools is greatly appreciated. In your association with teachers and students, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. Confidentiality is of the utmost importance in your work with teachers and students. You may not discuss a child even with that child's parents/guardians; nor are you to contact parents/guardians regarding the behavior or performance of students. You must always refer any questions regarding students to the student's teacher or the Building Principal. If you need help with a student, discuss the matter professionally with the child's teacher or other designated school official. *Before beginning service as a volunteer in our School District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below.*

- 1) I will not discuss with others, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in the school; nor will I disclose or permit to be disclosed, directly or indirectly, student education records, personally identifiable student information in such records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members and/or as authorized by administration.
- 2) The confidentiality of student information shall include, but not be limited to, the following topics:
  - a. Academic standing (including student grades and test scores);
  - b. Attendance;
  - c. Financial status;
  - d. Physical/mental health identity and history;
  - e. Disciplinary status/records.
- 3) I further understand that, in accordance with the Family Educational Rights and Privacy Act, "education records" (generally defined as "those records, files, documents, and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution") cannot be released, except as enumerated in law, without parent/guardian permission.
- 4) As a volunteer, I understand that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school officials in accordance with applicable law.
- 5) While in the possession and control of confidential student data, I understand that I must protect those documents from being viewed or obtained by non-authorized individuals.

(Continued)

**FORT ANN CENTRAL SCHOOL DISTRICT  
STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT  
FOR SCHOOL VOLUNTEERS (Cont'd.)**

- 6) I will never take any confidential student data off campus unless authorized by the Building Principal or his/her designee.
- 7) Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the school administrator and/or staff member that supervises the volunteer.
- 8) I must report any breach or suspected breach in this confidentiality agreement to the Building Principal or his/her designee.

Volunteers in our School District shall perform tasks only under the supervision and guidance of appropriate staff, and are expected to comply with all District rules and regulations. Orientation and inservice training will be provided by appropriate staff to help ensure volunteer awareness of their duties, responsibilities, and expectations; and will stress the issues and importance of confidentiality of student information. Volunteers shall be given selected materials, including applicable Board policies and/or administrative regulations, that address the role of the volunteer.

Violation of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her designee is responsible for decisions concerning continuation or discontinuance of a volunteer's activities.

**Volunteer Confidentiality Agreement and Signature (required for all volunteers)**

By signing, I acknowledge that I have read, understand, and will comply with the Confidentiality Statement above.

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

This Confidential Agreement will be kept on file in the Main Office of the building to which the volunteer is assigned. A copy of the Agreement will be provided to the volunteer.

## Community Relations

**SUBJECT: SCHOOL VOLUNTEERS**

The Board recognizes the need to develop a school volunteer program to support District instructional programs and extracurricular activities. The purpose of the volunteer program will be to:

- a) Assist employees in providing more individualization and enrichment of instruction;
- b) Build an understanding of school programs among interested citizens, thus stimulating widespread involvement in a total educational process;
- c) Strengthen school/community relations through positive participation.

Volunteers are persons who are willing to donate their time and energies to assist Principals, teachers, and other school personnel in implementing various phases of school programs. Volunteers shall serve in that capacity without compensation or employee benefits except for liability protection under the District's insurance program.

An application shall be filled out by each prospective volunteer and forwarded to the District Office for evaluation. The Building Principal will forward his/her decisions concerning selection, placement and replacement of volunteers to the Superintendent for final evaluation. Following approval from the Superintendent of Schools, volunteers selected for work in the District shall be placed on the list of approved volunteers. However, the Superintendent retains the right to approve or reject any volunteer applications submitted for consideration.

Administrative regulations will be developed to implement the terms of this policy.

Volunteer Protection Act of 1997, 42 United States Code (USC) Section 14501 et seq.  
Education Law Sections 3023 and 3028  
Public Officers Law Section 18

NOTE: Refer also to Policy #6540 -- Defense and Indemnification of Board Members and Employees

Adopted: 7/3/12