

Volunteer Application

Name: _____

Mailing/Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Driver License Issuing State: _____ D.L. Number: _____

Emergency Contact: _____

Do you have any health problems or conditions we should be aware of? Yes ___ No ___

Physical Limitations: _____

Special Requests: _____

Hours/Days Available: _____

Have you ever been convicted, pled guilty or entered a plea of nolo contendere to a felony or misdemeanor? Yes ___ No ___ If yes, please explain _____

Elbert School District #200 appreciates your willingness to assist us in making our school the best it can be. By signing this form, you consent for the District to do a background check to verify the information contained and agree to sign the Confidentiality Agreement.

Signature

Date

Community/Student Volunteer Confidentiality Agreement

As a community/student volunteer assisting within the Elbert School District, you have been authorized by the Superintendent or the Superintendent's designee to act as a school official subject to the direction and control of the district's administrators and teachers. As a school official, you may under limited circumstances have access to student education records in connection with your authorized duties. Student education records include all records, files, documents, and other materials that contain personally identifiable information on any student, as well as the personally identifiable information itself (including student grades).

By signing below, you agree to maintain the confidentiality of all student education records that you generate or to which you are given access as an authorized community/ student volunteer. This means that you agree not to disclose student education records or personally identifiable student information in such records to any person other than the school administrator(s) and/or teacher(s) with whom you are working. You understand and agree that your failure to maintain the confidentiality of all student education records to which you are given access may disqualify you from further service as a community/ student volunteer in the District.

Thank you for your service and for your compliance with these important confidentiality requirements.

Signature

Date

Name (please print)