

School Volunteer Application and Confidentiality Agreement

Name: (Last) _____ (First) _____ (M.I.) _____ Date: _____

Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Cell Phone: _____

Full names, grades & school of children in a Jefferson County school: _____

School Site(s) preferred: _____

Duties/Position: _____

In the event that you have a personal emergency, we should contact:

Printed Name	Relationship	Phone number
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Have you ever been:

1. Discharged, not-renewed or banned from any volunteer organization? Yes No
2. Convicted of any misdemeanor or any felony? Yes No
3. Convicted of any offense that involves drugs or alcohol? Yes No
4. Presently charged with a crime that is currently pending or not yet adjudicated? Yes No

If the answer to any of the above is "yes", please explain:

I, the undersigned, certify that the foregoing is true and correct. I understand that I am offering to volunteer with Jefferson County Schools (JCS) and that JCS may, at its discretion, decline my offer of volunteer services. In the event my volunteer services require a criminal background check under JCS procedures, I am responsible for the cost of the check and that I may not be reimbursed for this expense. I acknowledge that I have received the copy of the "Chaperone Guidelines and Responsibilities for Field Trips", have read these guidelines, and agree to comply with the guidelines as a school volunteer. Further, if I am accepted as a volunteer, I agree to the following:

1. I am volunteering without promise, expectation, or receipt of compensation for my services;
2. I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my work and that I will abide by all applicable JCS & school policies and procedures and with all applicable laws. I will report to the school Principal or to the Principal's supervisor any individual's or entity's activities that I suspect may compromise the confidentiality of student information.
3. I am under the supervision of the school Principal or the Principal's designee.
4. I will immediately notify the school Principal where I volunteer upon being charged with any crime.
5. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in termination of my status as a JCS volunteer.

Printed Name

Date

Volunteer Signature

Approval: _____
Principal Signature & School

Date

I also understand that:

- I may with principal approval, ride school transportation when chaperoning students for school events. A minimum of one school employee, excluding the bus driver, must be present on each county vehicle.
- I am not permitted to work in the school clinic due to medical confidentiality issues.
- I am required, while acting in a volunteer capacity, to report to the appropriate authority and the principal if I know of or reasonably suspect that a student's health or welfare has been or appears to have been harmed as a result of abuse or neglect.
- I am not covered under the county's workers' compensation policy.
- I waive all claims for damages against the county and its officers and employees, as well as the school system, and its officers and employees, for injury to my person or property, including death and destruction that may arise from these activities, and I hold them harmless from any such liability.
- I agree to submit to a criminal background check if initiated by the school system.

Have you ever been convicted of a felony or been convicted of a misdemeanor in the last 5 years? (If yes, please explain below.)

yes no

Are you required to register as a sex offender? yes no

If yes, please explain. _____

Signature of Volunteer

Print Name

Date _____