HIGHLAND SCHOOL DISTRICT NO. 305
VOLUNTEER APPLICATION

Thank you for your interest in serving as a school volunteer. The application procedure helps us to provide the safest environment for our students. Prior to completing the volunteer application it is required that you read the District's policy regarding volunteers. If a volunteer is to have **unsupervised access** to students, a criminal history/ fingerprint check will be obtained. The school's volunteer coordinator will contact you upon the application process being completed.

Personal Information:

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

City of Birth: _____ State of Birth: _____

Gender: _____

Home Phone: (208)_____ Business Phone: (208)_____

Home Address: _____

City: _____ State: _____ Zip: _____

School Selection:

1. List all schools where you will volunteer:

_____ _____

_____ _____

_____ _____

2. If you have children attending those schools, list the child's name, grade and school:

Child's First & Last Name: _____
School Child Attends: _____
Grade: _____

Child's First & Last Name: _____
School Child Attends: _____
Grade: _____

Child's First & Last Name: _____
School Child Attends: _____
Grade: _____

Volunteer Availability:

I am available at the following times:

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Education Information:

Provide highest level of education completed: _____

Employment Information:

Current Employer _____
Address: _____
Position: _____
Years with Employer: _____

Past Volunteer Experience:

Name of Organization: _____
Contact Name: _____
Address: _____
Can we contact Supervisor? Yes No
Name of Supervisor & Supervisor's Position: _____
Phone Number: _____
When did you volunteer? From: _____ To: _____

References:

List two references who have known you for at least one year and are not related to you. Please notify your references to expect us to contact them.

Name # 1: _____ Name # 2: _____
Phone: _____ Phone: _____
Relationship: _____ Relationship: _____
Email: _____ Email: _____

Background Security Information:

To safeguard the children we serve, Highland School District screens volunteer applicants. All information is confidential and will not be shared.

Yes No I will cooperate with the Highland School District in obtaining fingerprint background check.

Yes No Have you ever been convicted of a felony? If yes, explain:
_____
_____

Yes No Have you ever committed any criminal offenses against a minor?

Yes No Have you ever been arrested, found guilty, entered a plea of no contest or had adjudication withheld in a criminal offense other than a minor traffic violation?

Statement of Understanding & Signature (Required):

I have read the district's policy and procedure regarding volunteers. I fully understand the policy and procedure and agree to abide by them.

I affirm that all of my responses are true, complete and correct to the best of my knowledge and are made in good faith. In addition, I certify that I have reviewed the above criminal history information and responded truthfully. I understand that all involvement with students is restricted to approved school activities. In exchange for the benefit I receive from being allowed to volunteer within the school district I agree to indemnify Highland School District from any and all responsibility of liability that they may incur as a result of volunteering my services to the district.

_____
Signature
Name Printed _____ Date _____

VOLUNTEER CONFIDENTIALITY

Volunteers may see student records whether they are doing data entry or not. To make sure volunteers know the importance of keeping records confidential, the Highland School District requires all Volunteers to sign this Volunteer Code of Confidentiality.

Volunteer Code of Confidentiality

1. All student records should be considered confidential.

2. Records should be not be left in a place where they can be viewed by others.

3. Copies of records can only be shared with administrative approval.

4. Volunteers should not discuss or repeat information overheard while in the staff lounge or offices by teachers or administrators.

5. Volunteers should not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher.

6. Directory information, including student's and staff's name, address, telephone number, date and place of birth, student's photograph, participation in officially recognized activities and sports, weight and height of student members of athletic teams, dates of attendance and awards received, and previous educational agencies or institutions attended can only be shared with administrative approval.

7. Concerns or questions regarding student records of issues of confidentiality should be brought to the attention of the staff member that supervises the volunteer and the school administrator.

8. Any knowledge of a violation of this Code of Confidentiality should be immediately reported to the school administrator and the staff member who supervises the volunteer.

By signing, I acknowledge that I have read, understand, and will comply with the Volunteer Code of Confidentiality.

_____ _____
Date Signature

Board Adopted Form 6/11/07