Board Policy 4600F1: 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. 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:		Race:	
Home Phone:		Business Phone:	
Home Address:			
City:		State:	Zip:

School Selection

List all schools where you will volunteer:

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:	

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School Child Attends: _____

Grade: _____

Volunteer Availability

I am available at the following times:

Monday ☐ a.m. ☐ p.m.

Tuesday ☐ a.m. ☐ p.m.

Wednesday ☐ a.m. ☐ p.m.

Thursday ☐ a.m. ☐ p.m.

Education Information

Highest Level of Education Completed:

☐ Less than 9th Grade ☐ High School, no Diploma ☐ High School/GED

☐ Some College ☐ Associate Degree ☐ Bachelor's Degree

☐ Graduate or Professional Degree

Employment Information

Current Employer: _____

Address: _____

Position: _____ Years with Employer: _____

Past Volunteer Experience

Name of Organization: _____

Contact Name: _____

Address: _____

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Can we contact your 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, Joint School District No. 171 screens volunteer applicants. All information is confidential and will not be shared.

I will cooperate with the Joint School District No. 171 in obtaining a fingerprint background check.

☐ Yes ☐ No

Have you ever been convicted of a felony?

☐ Yes ☐ No

If yes, explain:

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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?

☐ Yes ☐ No

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 Joint School District No. 171 I agree to indemnify Joint School District No. 171 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: _____

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 Joint School District No. 171 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.
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.

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6. Directory information, including students' and staff names, addresses, telephone numbers, dates and places of birth, students' photographs, 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 or issues of confidentiality should be brought to the attention of the staff member who 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.

Signature: _____

Date: _____