

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

SCHOOL VOLUNTEER APPLICATION AND CONFIDENTIALITY AGREEMENT - Code HCB-E

TIER II **OR** **TIER III**

Name: (Last) _____ (First) _____ (M.I.) _____ Date: _____
Address: _____ Home Phone: _____
City/State: _____ Zip Code: _____ Cell Phone: _____

Full names, grades & school of children in PCSD #6:

Volunteer Position Site(s) (Circle): Valley Wapiti Livingston Sunset Eastside CMS CHS HMA

Specify activities: _____

Signature of school representative verifying ID (Driver's License or State ID) _____

*SCHOOL PERSONNEL MUST MAKE A COPY OF ID AND ATTACH TO APPLICATION.

Have you ever been/are you:

1. Discharged, non-renewed or banned from any volunteer organization? Yes No
2. Convicted of any misdemeanor? Yes No
3. Convicted of any felony? Yes No
4. Convicted of any offense that involves drugs or alcohol? Yes No
5. Presently charged with a crime that is pending or not yet adjudicated? Yes No
6. If the answer to any of the above is "yes", please explain: _____

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7. Have you ever been charged with abuse or neglect by DFS? Yes No
If "yes", please explain: _____

I, the undersigned, certify that the foregoing is true and correct. I understand that I am offering to volunteer with Park County School District #6 schools and that PCSD #6 may, at its discretion, decline my offer of volunteer services. In the event my volunteer services require a criminal background check and central registry screening under PCSD #6 procedure, these costs will be borne by the District.

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 PCSD #6 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 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 PCSD #6 volunteer.

Volunteer Signature

Date

Approval: _____

Principal Signature & School

Date

(Application Must be Renewed in Years Ending in "0" and "5")