

**DOLORES SCHOOL DISTRICT RE-4A**  
**Application for AUTHORIZED VOLUNTEER status**

Volunteers shall be required to make written application for specified voluntary services and the appropriate school principal or supervisor must approve such services. **The completed application must be submitted in person to the school you are applying to volunteer in.**

Authorized volunteers serving in the District will be subject to a background check before the commencement of their service. A photographic identification is required to process the application. Authorized volunteers are defined as those that work without pay on an occasional or regular basis at school sites or other district facilities while engaged in activities that are part of the school program and are performed during the school day or as an extension of the school day. School personnel direct all volunteer work.

**Authorized volunteers must always sign in at the front office of the building in which they are volunteering and obtain volunteer identification for the day.**

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**School Name:** \_\_\_\_\_

**Volunteer's Information:**

Name: \_\_\_\_\_  
                    First Name  Middle Initial  Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  Male  Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to the School / Reason for Volunteer Application:

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I am requesting to be a volunteer so I may (please check all that apply):

- assist in supervising students, other than my own, on a day field trip
- assist with an overnight field trip
- volunteer in the classroom/library
- volunteer to assist with clerical work
- volunteer to assist with an elementary after school program. Please specify: \_\_\_\_\_
- volunteer to assist with middle school or high school:
  - homework club
  - sports
  - student club or organization
- other, please explain: \_\_\_\_\_

## Confidentiality Guidelines

**The Family Educational Rights and Privacy Act (FERPA)** gives certain right to parents with respect to their student's educational and health records. Generally, school must have written permission from the parents to release any information from a student's educational or health record. These records and the information they contain may only be shared with school officials who have a legitimate educational or health interest.

Together, these two federal laws give guidance on how to handle student information and the Dolores School District Re-4A requires compliance with these laws. Information contained in a student school and health records, or information about a student's health or school performance must be maintained by district employees in a confidential manner at all times. Violation of this confidentiality can result in disciplinary action for our employees, and could also be subject to criminal and civil penalties.

District volunteers must avoid sharing any confidential information about students except to those authorized by the district to have a direct need to know (health service providers, principals, administrators, special education teachers, district nurse, BOCES providers). Protected information includes student grades or performance on school tasks, medications, health status, or history of disease, frequency of doctor's appointments, history of retention, disciplinary history and eligibility for special education services.

The district's interest in protecting confidential information also extends to its staff members. Examples of protected information about staff members include disciplinary records, evaluation results, health information, and complaints.

**The Health Insurance Portability and Accountability Act (HIPPA)** assures that individual's health information is properly protected while allowing the flow of health information needed to provide high quality health care. HIPPA provides standards for the privacy of individually identifiable health information of students and staff.

In public schools, individually identifiable health information relates to the student's past, present, or future physical or mental health or condition, the provision of health care to the student, or the past, present, or future payment for the provision of health care to the student. This includes identifiers such as names of the student's relatives, household member, residence address, grade level, or physical characteristics.

I hereby certify that I have received, reviewed, and understand these Confidentiality Guidelines and will adhere to these responsibilities.

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Volunteer Signature: \_\_\_\_\_

## DOLORES SCHOOL DISTRICT RE-4A

### Authorized Volunteer Oath and consent to Perform Criminal History/Background Check

I, \_\_\_\_\_, am applying to be a volunteer for Dolores School District Re-4A. I have been advised that the school district conducts a criminal history/background check. I do hereby consent to the use of any and all information provided in this application form to be used in the criminal history/background check.

The following are my responses to questions about my criminal history (if any):

1. Have you ever been convicted of a felony?  YES  NO  
If yes, please provide details below.  
State:  
County:  
Date of Offense:  
Details of conviction:
  
2. Have you ever been convicted of a violation of law, other than a misdemeanor traffic violation?  YES  NO  
If yes, please provide details below.  
State:  
County:  
Date of Offense:  
Details of Offense:
  
3. Have you ever been convicted of a sex or drug related offence?  YES  NO  
If yes, please provide details below.  
State:  
County:  
Date of Offense:  
Details of Offense:
  
4. This is a multi-part question. Have you ever received a deferred sentence? Has any court ever received a plea of guilty or a plea of nolo contendere from you? Have you ever been placed on probation? If you can answer "yes" to any part of this question please explain in detail below.  YES  NO  
County:  
City:  
Date of Offense:  
Details of Conviction:

5. Have you ever had a charge of child abuse against you substantiated?  YES  NO  
If yes, please provide details below.

County:

City:

Date of Offense:

Details of Conviction:

6. As of the date of this consent form, do you have any pending charges against you?  
 YES  NO

If yes, please provide details below.

Date of Arrest:

State:

County:

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Maiden name or other names used in any other records of birth, residence, or  
employment: \_\_\_\_\_

This section is to be used to list all counties, states, and countries of residence for the  
past five years. Please write the most recent first:

CITY/TOWN	STATE	COUNTRY	COUNTY	DATES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### **AUTHORIZED VOLUNTEER WITNESSED OATH**

Must be completed at the school or district office and witnessed by designated Re-4A employee.

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION  
AND CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY  
INFORMATION PROVES TO BE INCORRECT, OR INCOMPLETE, I UNDERSTAND  
THAT ANY OMISSION OR INACCURATE INFORMATION PROVIDED FOR THIS  
RECORD CHECK MAY RESULT IN DENIAL OF THIS AUTHORIZED VOLUNTEER  
APPLICATION.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**Principal/Director or District Office witness of oath:** \_\_\_\_\_

