



APPLICATION FOR VOLUNTEER/INTERN/STUDENT TEACHER

Name: _____ Phone: _____

Address: _____

Frewsburg staff member supervising individual: _____

Nature of participation: Volunteer Intern Student Teacher

EMERGENCY INFORMATION		In case of emergency, please contact:	
Name		Phone	

REFERENCES (List 3 – not related to you, whom you have known at least one year)	
Name	Phone

VOLUNTEER/INTERN/STUDENT TEACHER UNDER AGE OF 19	
If the volunteer/intern/student teacher is under nineteen (19) years of age, a parent/guardian must complete this section	
I have reviewed the release on page 2 of this application and, as a parent and natural guardian of _____,	
I consent to the same and do further release the Frewsburg Central School District and/or the Board of Education of the Frewsburg Central School District from any and all liability associated with my child's volunteer/intern/student teacher services/work to be performed on the grounds of Frewsburg Central School District property.	
Parent/Guardian of Volunteer/Intern/Student Teacher Signature	Date

Please PRINT CLEARLY:

Parent/Guardian: _____

Address: _____

Phone: _____

(Over →)

RELEASE OF LIABILITY – PLEASE SIGN AND DATE

The undersigned has offered to perform volunteer/intern/student teacher work and services on school property belonging to the Frewsburg Central School District.

The District is willing to accept such services provided the undersigned release the said District from any responsibility for injury or property damage.

Accordingly, the undersigned does hereby release the Frewsburg Central School District and the Board of Education of the Frewsburg Central School District from any and all liability of injury, harm, and/or death to the undersigned and/or third parties that may result from performing services on District property.

Name: _____

Date: _____

DATES OF SERVICE FOR STUDENT TEACHER/INTERNS ONLY

From: _____

To: _____

CRIMINAL HISTORY – PLEASE ANSWER

I hereby further represent to the Frewsburg Central School District that:

1. The criminal history check will reveal that I have no criminal history.
2. The criminal history check will indicate that I have been convicted of a crime.
3. The criminal history check will indicate that I have a pending criminal charge.

If my answer to 2 and/or 3 is in the affirmative, I hereby provide the following details explaining my answer. (Include, at a minimum, the date(s) of your conviction and/or charges, the crime(s) you were convicted of or charged with, the jurisdiction by which you were charged and/or convicted, and whether you have been issued a certificate of relief from disabilities or a certificate of good conduct with regards to any of the convictions.)

Finally, I certify that my statements in this affidavit and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct, and that any omission and/or misstatement of any material fact(s) may be cause for the District to refuse to accept revoke, or terminate me as a volunteer/intern/student teacher.

My signature below permits the District to contact any or all references listed, and affirms my criminal history statement above.

Name: _____ Date: _____

***Please return this form to the office of the Frewsburg school building
where you wish to volunteer/intern/student teach.**

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by: _____ Date: _____

Remarks: _____

Approved

Not Approved

**FREWSBURG CENTRAL SCHOOL DISTRICT
CONFIDENTIALITY AGREEMENT FOR SCHOOL VOLUNTEERS**

Your service as a volunteer in our schools is greatly appreciated. In your association with teachers and students, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. Confidentiality is of the utmost importance in your work with teachers and students. You may not discuss a child even with that child's parents or guardians; nor are you to contact parents or guardians regarding the behavior or performance of students. You must always refer any questions regarding students to the student's teacher or the building principal. If you need help with a student, discuss the matter professionally with the child's teacher or other designated school official. Before beginning service as a volunteer in our District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below.

- 1) I will not discuss with others, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in the school; nor will I disclose or permit to be disclosed, directly or indirectly, student education records, personally identifiable student information in those records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members and/or as authorized by administration.
- 2) The confidentiality of student information will include, but not be limited to, the following topics:
 - a. Academic standing (including student grades and test scores);
 - b. Attendance;
 - c. Financial status;
 - d. Physical or mental health identity and history;
 - e. Disciplinary status or records.
- 3) I further understand that, in accordance with the Family Educational Rights and Privacy Act, "education records" (generally defined as "those records, files, documents, and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution") cannot be released, except as enumerated in law, without parent or guardian permission.
- 4) As a volunteer, I understand that I am not authorized to examine, release, or comment on student records or information unless expressly authorized by school officials in accordance with applicable law.
- 5) While in the possession and control of confidential student data, I understand that I must protect those documents from being viewed or obtained by non-authorized individuals.
- 6) I will never take any confidential student data off campus unless authorized by the building principal or designee.

(Continued)

**FREWSBURG CENTRAL SCHOOL DISTRICT
CONFIDENTIALITY AGREEMENT FOR SCHOOL VOLUNTEERS (Cont'd.)**

- 7) Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the school administrator and/or staff member that supervises the volunteer.
- 8) I must report any breach or suspected breach in this confidentiality agreement to the building principal or designee.

Volunteers in our District will perform tasks only under the supervision and guidance of appropriate staff, and are expected to comply with all District rules and regulations. Orientation and inservice training will be provided by appropriate staff to help ensure volunteer awareness of their duties, responsibilities, and expectations; and will stress the issues and importance of confidentiality of student information. Volunteers will be given selected materials, including applicable Board policies and/or administrative regulations, that address the role of the volunteer.

Violation of these guidelines may result in termination of the volunteer's services. The Superintendent or designee is responsible for decisions concerning continuation or discontinuance of a volunteer's activities.

Volunteer Confidentiality Agreement and Signature (required for all volunteers)

By signing, I acknowledge that I have read, understand, and will comply with the Confidentiality Statement above.

Name of Volunteer (please print)

Signature of Volunteer

Date

Signature of Administrator

Date

This Confidential Agreement will be kept on file in the Main Office of the building to which the volunteer is assigned. A copy of the Agreement will be provided to the volunteer.