

*Sign & Return with completed application, signed Privacy & Confidentiality Agreement and a copy of CPR/AED/ First Aid certificate cards if you are a sports volunteer.

CHECK-OFF LIST FOR VOLUNTEERS/CHAPERONES

1/23/2017

Done

N/A

| | Done | N/A |
|---|------|-----|
| Sexual Harrassment Policies | X | |
| Fraternization Policy | X | |
| Child Abuse and Maltreatment/Neglect Policy | X | |
| Identifying and Reporting Child Abuse and Neglect - Handbook | X | |
| Privacy & Confidentiality Agreement signed? | X | |
| Application Completed? | X | |
| Received copy of CPR/AED and First Aid Card? (SPORTS VOLUNTEERS ONLY) | ? | |

I hereby confirm that the above items were made available to me and I have read and understand all of the materials provided.

Signature of Volunteer/chaperone: _____ Date: _____

Certified by: _____ Date: _____

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Randolph Central School – Volunteer for Sports/ Classroom Volunteer/ Chaperone Application

Please complete the application and return it to the District Clerk.

Randolph Central School
18 Main St., Randolph, NY 14772 (716) 358-6161

Application for Volunteer for Sports/ Classroom Volunteer/ Chaperone Position

Directions: Please fill out this entire application in detail. Please list three references. Do not use relatives for references.

Date of Application _____

Position (Check one) _____ Volunteer for sports (which sport? _____)
_____ Classroom/Chaperone Volunteer (which teacher? _____)

Name _____
First Middle Last

Address _____
Number Street City State Zip Code

Cell Number (____) _____ Social Security Number _____ / _____ / _____

Work Telephone (____) _____ Home Telephone (____) _____

Have you ever been convicted of a crime? _____ Are any criminal charges or proceedings pending against you? _____ If yes, provide the details including dates, places and description: _____

Are you legally authorized to work in the U.S.? _____

Veteran of the U.S. military service? _____ Yes _____ No If yes, branch _____

Have you been fingerprinted by the New York State Education Dept.? _____ Yes _____ No (not required)

Are you CPR/AED & First Aid certified? _____ Yes _____ No

CPR/AED and First Aid training is required for all volunteers for sports. The staff at RCS can assist you with this certification. Contact the school for training dates. A copy of your certificate card will be required.

References: Give the name, address, and telephone number of three (3) references who are not related to you.

| <u>Name</u> | <u>Address</u> | <u>Telephone</u> |
|-------------|----------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Volunteer, leave this section blank:

Application Approved by (please sign):

For Classroom/Chaperone Volunteer: _____ (Teacher) _____ (Principal) _____ (date)

For Sports Volunteer: _____ (Coach) _____ (A. Director) _____ (date)

EDUCATION:

| | Elementary | High School | Technical/Bus. College/Univ. | Graduate/ Professional |
|--------------------------------|------------|-------------|---------------------------------|---------------------------|
| School Name: | | | | |
| Circle Highest Year Completed: | 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |

| | | | |
|---------------------------|--|--|--|
| Diploma/Degree: | | | |
| Describe Course of Study: | | | |

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Describe Specialized Training,

Apprenticeship Skill, and

Extra-Curricular Activities

Honors Received:

State any additional information you feel may be helpful to us in considering your application. You may attach additional information to this application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the District.

Signature of Applicant/Volunteer/Chaperone

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the Randolph Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal conviction, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Randolph Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I agree to conform to the district rules and regulations. I understand that a RCS photo ID badge will be provided for me. I agree to return the photo ID badge at the end of the year, if I resign from my position of volunteer or if I am asked by an RCS Administrator to return it.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check.

SIGNATURE OF APPLICANT/VOLUNTEER/CHAPERONE

PRINTED NAME OF APPLICANT/VOLUNTEER/CHAPERONE

DATE: _____

Sign & return

3150R
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Adopted 10/19/05

**SUBJECT: STUDENT PRIVACY AND 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/guardians; nor are you to contact parents/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 School 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 such 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 shall 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/mental health identity and history;
 - e. Disciplinary status/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/guardian permission.
- 4) As a volunteer, I understand that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school officials in accordance with applicable law.

(Continued)

**SUBJECT: STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT FOR
SCHOOL VOLUNTEERS (Cont'd.)**

- 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 his/her designee.
- 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 his/her designee.

Volunteers in our School District shall 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 shall be given selected materials, including applicable Board policies and/or administrative regulations, that address the role of the volunteer.

Violation of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her 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.