

DURANGO SCHOOL DISTRICT 9-R

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 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. Volunteers may not have their children accompany them during volunteer activities.**

Please allow at least ten (10) business days for the processing of a volunteer application.

School Name: _____ (One application per school)

Volunteer's Information (please print clearly):

Name: _____
First Name Middle Initial Last Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship to the School/Reason for Volunteer Application (be specific): _____

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
- volunteer to work with students in the school, in the presence of a school district employee
- volunteer to assist with clerical work
- other, please explain: _____

The following types of volunteers require fingerprints. Please check appropriate box and see page 5.

- volunteer/assist with a club or activity
- volunteer/assist with a an overnight trip

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, schools 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 my 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 Durango School District 9-R 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 actions 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 and administrators, special education teachers, district registered nurses, special service 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 (Please Print)

Volunteer Signature

Date

DURANGO SCHOOL DISTRICT 9-R

AUTHORIZED VOLUNTEER OATH AND CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK

I, _____, am applying to provide services for the Durango School District 9-R. I have been advised that the information provided will be used by the school district to conduct 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 the questions about my criminal history (if any):

1. Have you ever been convicted of a felony? YES NO

If yes, please provide details below.

City: _____ State: _____ County: _____ Country: _____
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.

City: _____ State: _____ County: _____ Country: _____
Date of Offense: _____
Details of Conviction: _____

3. Have you ever been convicted of a sex or drug related offense? YES NO

If yes, please provide details below.

City: _____ State: _____ County: _____ Country: _____
Date of Offense: _____
Details of Conviction: _____

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

If yes, please provide details below.

City: _____ State: _____ County: _____ Country: _____
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.

City: _____ State: _____ County: _____ Country: _____
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.

City: _____ State: _____ County: _____ Country: _____
Date of Arrest: _____
Details of Pending Charges: _____

The following information must be provided in order to complete the mandatory online background check:

Date of Birth: _____ Social Security Number: _____

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

Please list all cities, counties, states and countries of residence for the past **seven (7) years**.

Please write the most recent first:

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

DURANGO 9-R WITNESSED OATH

Must be completed at the school and witnessed by the designated Principal Designee.

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 (PRINT NAME) _____

APPLICANT SIGNATURE _____

Principal Designee witness of Oath: _____

Photo I.D. attached – must be a state or federal issued I.D.

Principal Signature for Approval

Date

Approval by Human Resources: _____	Date: _____
BIS Completed: _____	Database: _____

**Additional requirements for individuals applying to serve as a volunteer
with a club/activity or individuals applying to assist with an overnight trip:**

The following types of volunteer work require that the volunteer be fingerprinted:

- Assisting with a club or activity.

Please specify club/activity: _____

- Assisting with overnight field trips

In order to be cleared to serve as a volunteer in this capacity you must:

1. Complete the volunteer application and submit it to the school principal for approval.
2. Once approved, you will be contacted by the Human Resources Administrative Assistant to schedule your fingerprint appointment.
3. You will need to bring \$40.00 (check, money order, cash) on the day of your fingerprint appointment. If paying in cash, you need to have exact change. If paying by check or money order, it needs to be payable to ***Durango School District 9-R***.

*The \$40 is the cost to have the fingerprints processed by the Colorado Bureau of Investigation and the Federal Bureau of Investigation.