

In an effort to keep La Salle Prep a safe environment for all our students, faculty, and staff, all volunteers must complete the attached forms and return them to the main office before volunteering.

Questions or concerns? Please contact **Melanie McCaffrey, Advancement Associate** at 503.496.1778.

All volunteers must complete the following forms, which are included in this packet:

- | | <u>Completed?</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| • La Salle Prep Volunteer Confidentiality Agreement Signature Page | <input type="checkbox"/> |
| • Background Check Request Form | <input type="checkbox"/> |
| • Background Check Authorization Signature Page | <input type="checkbox"/> |
| • Volunteer Emergency Form | <input type="checkbox"/> |
| • All volunteers must attend an in-person C.A.S.E (Creating a safe environment) training class. Please visit lsprep.org/volunteer/ to sign up for a training | <input type="checkbox"/> |

STUDENT PRIVACY STATEMENT AND VOLUNTEER CONFIDENTIALITY AGREEMENT

Students at La Salle Catholic College Preparatory (hereafter referred to as La Salle Prep) have the right to expect that information about them will be kept confidential by all employees and volunteers, including coaches, tutors, student teachers, and interns. Information that must be kept confidential includes but is not limited to: student educational records, class grade books, student or family history, family income/financial data, student behavioral/discipline records, etc. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution which disseminates a student’s education records without the consent of his or her parent or legal guardian.

Disclosure of Private Information Regarding a La Salle Prep Student or Family:

1. Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized La Salle Prep employees. However, confidential information regarding students and families should only be shared with authorized staff on a ‘need to know’ basis (defined below).
2. Need to know: Just because you work in the school and can access the educational, behavioral or financial information of a student or family does not mean you have the right to do so. The “need to know” clause specifies that if you do not have a specific need to access that information, you have no right to do so. In general, this information should only be shared with authorized individuals who are directly involved in a student’s education (such as a teacher, principal, counselor or tutor) if it is relevant to the student’s educational growth, safety, or well being.
3. A teacher or staff shall take care, when sharing information about students that the information is accurate and unbiased.

4. A written Authorization for the Exchange of Confidential Student Information must be signed by the parent or legal guardian prior to the release of any information by La Salle Prep to an agency or individual outside La Salle Prep. If you are receiving confidential student information from an outside agency or individual, you should first ask for a copy of the written authorization that allows them to release this information.
5. Without a written release, you may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the school counselor or an administrator.
6. Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must not share this private information with anyone outside of the student's immediate family. This includes concerned members of the community and extended family members of the student. You are encouraged to refer all such questions to the school counselor or an Administrator.
7. You may not share information about a student even with members of your own family.
8. You may not share a student or family's private information with another student.
9. A teacher or staff shall guard against sharing confidential information in halls, staff rooms, sports events or other public places where persons who do not need to know can overhear it.
10. Special care must be taken when confidential student information is shared with other authorized staff in writing (e.g. Department Meeting minutes, referrals, etc.). When possible, avoid making extra copies of this information. When this information must be copied, keep it in a private place that has no student access. When disposing of such information, please use shredders provided by La Salle Prep. Special care must also be taken when confidential student information is shared with other authorized staff by email. Private student information should never be sent to your personal email account. When you must share student information by La Salle Prep email, please use only the student's first name and last initial, and put "confidential" in the subject line. When at all possible, avoid printing out a hard copy of this information.
11. For confidentiality reasons, please log off of your desktop whenever you leave your computer unattended.
12. A teacher or staff member should avoid the removal of any records containing confidential information off-premises whenever possible. When that must occur, the staff member should ensure that the documents are secure and will not be at risk for discovery.

Disclosure of Private Information Regarding a La Salle Prep Employee, Donor, etc.

As a result of your job or volunteer responsibilities you may, from time to time, hear information that is confidential in nature. This might include a donor pledge, financial information about a donor, information about employee applications, employment history, driving record, etc., and other information of a proprietary nature. The same standards apply to these circumstances that apply to students; that is, that you may only share this information with authorized La Salle Prep employees, and only on a 'need to know' basis.

I , (print name) _____, as an employee or volunteer for La Salle Catholic College Preparatory agree never to disclose information or records about a student or their family to anyone other than an authorized La Salle Prep employee. I will refer all requests for such information from those not directly involved in the student's education to authorized La Salle Prep employees. In addition, anything that I learn about an employee, a donor or other volunteer that is confidential will remain so unless there is a 'need to know' wherein that information will be shared with the appropriate Administrative party.

Signature _____

Date _____

A copy of this confidentiality agreement can be found online at www.lsprep.org/volunteer/

Background Check and Emergency Contact Form

Please print legibly and in black ink.

Date of request: _____

Position volunteer will fill: _____

Gender: Female Male

Applicant Name:

First Middle Last

Applicant Address: _____ Applicant Email Address: _____

City State Zip

Other names used dates of name changes (include maiden name):

Birthdate: ____ / ____ / ____ Driver's License Number: _____

Social Security#: ____ - ____ - ____ State License Issued: _____

If you have lived in a state other than Oregon in the past 10 years, please list the following information, including the years in which you lived there. Please continue on the reverse side of this form if more room is needed.

State: ____ City: _____ County: _____ Years: _____ to _____

State: ____ City: _____ County: _____ Years: _____ to _____

Have you ever been convicted of a criminal offense? Yes No

If yes, give details: _____

All volunteer assignments are contingent on the satisfactory result of the applicant's background investigation.

IMPORTANT:
PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE
OR STATE ISSUED PHOTO ID TO THIS FORM. PLEASE READ AND SIGN
THE AUTHORIZATION ON THE OTHER SIDE OF THIS FORM.

Authorization

I understand that, in connection with my volunteer status, a background check may be done that may include information regarding my driving records, court records (both civil and criminal), educational, and professional credentials, and personal and professional references. This information may come from either public or private sources and may contain information relevant to volunteer service.

I understand that, if I volunteer with La Salle Catholic College Preparatory, this background check authorization will be kept on file and may be used at any time during my time here to procure further information when, in the judgement of La Salle Prep, such may be necessary.

I hereby release and discharge La Salle Catholic College Preparatory, its employees, any individual or agency obtaining information for La Salle Catholic College Preparatory, my personal and professional references, and my former employers to the full extent permitted by law, from any and all claims, damages, liabilities, costs, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation.

According to the Fair Credit Reporting Act, I am entitled to know if an adverse decision is made based on information obtained from a consumer report or investigative report and to receive upon written request (made within 60 days of the date of decision), a disclosure of the nature and scope of my investigative report. I have read and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future.

My signature below certifies that all information I have provided in connection with this background investigation is true, accurate, and complete to the best of my knowledge.

Applicant signature: _____ Date: _____

Volunteer Emergency Form

Birth Date: ____ / ____ / _____ Email Address: _____

Spouse Information

Spouse First Name: _____ MI: _____ Last: _____

Address: _____ City/State/Zip: _____

Work Telephone: _____ Email Address: _____

In the event of an emergency and the school is unable to contact your spouse, please list the names and telephone number of the person to contact. This should be a local number whenever possible of someone who knows you.

Emergency Contact

First: _____ MI: _____ Last: _____

Relationship: _____ Home Telephone: _____

Work Phone: _____ Cell Phone: _____