

MONONGALIA COUNTY SCHOOLS
VOLUNTEER APPLICATION

It is the policy of Monongalia County Schools to make reasonable efforts to provide a safe learning environment for students working with volunteers. Therefore, Monongalia County Schools requires the following information from all volunteers.

VOLUNTEER NAME _____ SCHOOL NAME _____

VOLUNTEER ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, you must agree to a background check.

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

_____ Yes _____ No *If yes, you must agree to a background check.*

IN CASE OF EMERGENCY, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Hospital Preference: _____ Other instructions: _____

I certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal. A copy of this authorization shall be effective as the original.

SIGNATURE _____ DATE _____

ADMINISTRATOR _____ DATE _____

Copy of applicant's identification or driver's license must be attached to this form

NOTE: All volunteer information will be kept private. Also, it is expected that this process be completed each time there is a change in programmatic level (elem, mid, hs).

MONONGALIA COUNTY SCHOOLS
CONFIDENTIALITY/CPS REPORTING AGREEMENT FOR
VOLUNTEERS

I, _____, do hereby agree and acknowledge that during my time volunteering, I will come into contact or observe certain confidential and personal information about other students and/or employees of Monongalia County Schools. I fully understand and acknowledge that Monongalia County Schools is obligated to protect the privacy of the students and its employees within the Monongalia County school district.

I recognize that confidential information may be obtained from many different sources, including, but not limited to, verbal information, written documents, and personal observations. I agree that all observations and information arising from my volunteer experience are important, confidential, material and effect the successful protection of privacy for all students and employees. I further understand that the information is held as confidential not only as to outside parties, but also as to Monongalia County Schools' students and employees whose jobs do not require access to such information.

By signing this Confidentiality Agreement, I acknowledge the following:

- a) In the course of my volunteer experience, I may become aware of confidential information about specific students, which may include such information as students' academic performance, health, disabilities, and related matters.
- b) Disclosure of confidential information without consent to any other employee of Monongalia County Schools; any student; or any outside entity or person is strictly prohibited except where such disclosure is essential to protect the health, safety, or well-being of a student or employee. If I am unsure whether disclosure of confidential information is essential to protect the health, safety, or well-being of a student or employee, I am required to consult with the school principal or the Superintendent of Schools prior to making any disclosure.
- c) I acknowledge that when I have reasonable cause to suspect that a child is neglected or abused or observe a child being subjected to the conditions

that are likely to result in abuse or neglect, I shall immediately, and not more than forty-eight hours after suspecting this abuse, report the circumstances to Child Protective Services of the Department of Health and Human Resources. For documentation purposes, I will refer to the Child Abuse and Neglect Policy Monongalia County File 9-28.

- d) I will not photograph or videotape any person or any part of any building during my volunteer experience.
- e) I will not tape record any conversation during my volunteer experience.
- f) Any discussion I may have regarding questions, concerns, or comments shall be directed to the school principal or to the faculty member responsible for the classroom. All discussions will occur outside the presence of students and other faculty members.

I HAVE READ THIS CONFIDENTIALITY AGREEMENT AND AGREE TO ITS TERMS.

Signed this _____ day of _____, 20_____.

Signature of volunteer

Name of volunteer

Description of Volunteer Position

Location of Volunteer Experience