

**SCOTT COUNTY SCHOOLS
VOLUNTEER APPLICATION FORM**

Social Security Number _____

Last Name: _____ First Name _____ Middle Name: _____

Maiden or Alias Name: _____

Date of Birth: _____

Address: _____ City _____ Zip Code _____

Phone: _____ E-mail: _____

Are you currently an employee of Scott County Schools? _____ If yes, where? _____

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SCHOOL(S) Where You Plan to Volunteer _____

PRESENTLY EMPLOYED? YES () NO ()

CONDITIONS OF COMMITMENT: As a volunteer I agree to:

- **Submit to a criminal records check**
- **Never discipline students**
- **Dress in an appropriate manner for my volunteer assignment**
- **Supervise students as required, not just my own child/children**
- **Treat teachers, staff, students, and other volunteers with respect**
- **Become familiar with safety and evacuation plans of school**
- **Read and sign the Acceptable Use Policy before using school computers**
- **Keep the confidentiality of teachers, staff and students**
- **Discuss concerns with either the principal or teacher, not other volunteers**
- **Abide by all school rules and Board of Education regulations and policies that apply to me**
- **Honor my commitment to work as scheduled**
- **If I must be absent from a scheduled commitment, I will notify my designated school/supervisor in advance**

_____ Signature _____ Date

Confidentiality

As you work with the staff and students, information of a confidential matter may be shared with you. The problems, abilities, relationships and confidences of students, their parents and staff should never be discussed with anyone who does not have a professional right to know. Teachers and volunteers are bound by a code of ethics to keep confidential matters within the school. The staff and students need to know they can trust you. Please do not discuss a child's school progress or difficulties with his/her parents. This is the teacher's responsibility. Occasionally, a child may confide in you about family matters or personal problems. Keep this confidential, too. If you feel that it is vital for the school to have this information in order to help the student, discuss the child's conversation (in private) with the teacher or principal.

CONFIDENTIALITY: I understand that any information concerning any teachers or students is to remain confidential and not to be discussed outside of the school. I understand that if there is a problem, I need to discuss it with my assigned supervisor or the school principal.

Volunteer Signature _____

Date _____

Please fill out this page, sign and date it, and then return it to school.