

# Agreement for the 2009-2010 School Year

If you want to volunteer at our school in any capacity involving interaction with our students, we **MUST** have a signed agreement from you. **A new agreement is required each school year; however, only one agreement per volunteer is needed.**

## **Confidentiality**

As a community volunteer assisting within the Douglas County School District Re. 1 ("District"), you have been authorized by the Head of School or his/her designee to act as a school official subject to the direction and control of the school's administrators and teachers. As a school official, you may, under limited circumstances, have access to student education records in connection with your authorized duties. Student education records include all records, files, documents, and other materials that contain personally identifiable information on any student (including student grades). *What I hear or observe about students or staff while volunteering at DCS Montessori will remain confidential.*

By signing below, you agree to maintain the confidentiality of all student education records that you generate or to which you are given access as an authorized community volunteer. This means that you agree not to disclose student education records or personally identifiable student information in such records to any person other than the school administrator(s) and/or the teachers(s) with whom you are working. *You understand and agree that your failure to maintain the confidentiality of all student education records to which you are given access may disqualify you from further service as a community volunteer in the District.*

## **Background Check**

In addition, the District may conduct a background check on volunteers who provide service at any District event and/or facility. This background check may include obtaining a report from a reporting agency that may include information concerning the character, qualifications and possible criminal history of a volunteer. The information requested below is necessary to conduct a background check and will only be used for this purpose. By providing the information requested and signing below, you consent to the District conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

***Thank you for your service and for your compliance with these important requirements.***

### **1. Parent, Guardian, Step-Parent or Community Volunteer**

Printed name of volunteer : \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Names of children at our school (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

### **2. Parent, Guardian, Step-Parent or Community Volunteer**

Printed name of volunteer : \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Names of children at our school (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female