

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 recommend such services. Approval as an *Authorized Volunteer* rests with the Director of Human Resources or his/her designee. A photographic identification is required to process the application. ***The completed application must be submitted in person to the Department of Human Resources for processing.***

Authorized volunteers serving in the district will be subject to a background check before the commencement of their service. 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 school day or as an extension of the school day. School personnel direct all volunteer work. ***Authorized volunteers must wear identification badges issued by the district and may not have their children accompany them during volunteer activities at any district site.***

School Name: _____ Principal's Recommendation _____
(Signature)

Volunteer's Information:

Name: _____
First Name Middle Initial Last Name

Address: _____

City: _____ State _____ Zip _____

Length of Residence in Colorado: ____years ____ months Gender: ☐ Male ☐ Female

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Social Security Number: _____

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

Relationship to the School / Reason for Volunteer Application:

Would you mind if your name was published online as a school volunteer? ☐NO ☐YES

Approval by Human Resources: _____ Date: _____

Badge received _____ Orientation completed _____

BIC completed _____ Database _____

Confidentiality Guidelines

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.

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 may 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 action 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, BOCES 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.

I hereby certify that I have received, reviewed, and understand these Confidentiality Guidelines and will adhere to these responsibilities.

Date

Volunteer Signature

School or Department

Volunteer Name

DURANGO SCHOOL DISTRICT 9-R

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

I, _____, am applying to be a volunteer for Durango School District 9-R. I have been advised that the school district conducts a criminal history 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 questions about my criminal history (if any):

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). ☐YES ☐NO

If yes, please provide details below.

State:

County:

Date of Offense:

Details of conviction:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? ☐YES ☐NO

If yes, please provide details below.

State:

County:

Date of Offense:

Details of offense:

3. Have you ever received probation or community supervision for any federal, state or municipal offense? ☐YES ☐NO

If yes, please provide details below.

State:

County:

Date of Offense:

Details of supervision:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? ☐YES ☐NO

If yes, please provide details below.

Country:

City:

Date of Offense:

Details of conviction:

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

5. As of the date of this consent form, do you have any pending charges against you?

☐ YES ☐ NO

If yes, please provide details below.

Date of Arrest:

State:

County:

Details of pending charges:

6. This section is to be used to list all counties and states of residence for the past **seven years**.

Please write most recent first:

CITY/TOWN

STATE

ZIP CODE

COUNTY

DATES

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'S SIGNATURE _____

HR/P.I.E. Department witness of oath: _____

☐ Photo I.D. attached ☐ Background check performed and attached

☐ Authorized Volunteer Application Approved (subject to periodic review)

OR

☐ Authorized Volunteer Application Denied for the following reason(s):
