

**LAFAYETTE CENTRAL SCHOOL DISTRICT
STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT
FOR SCHOOL VOLUNTEERS AND NON-DISTRICT PERSONNEL**

Your service as a volunteer in our schools is greatly appreciated. In your association with teachers and students, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. Confidentiality is of the utmost importance in your work with teachers and student. You may not discuss a child even with that child's parents/guardians; nor are you to contact parents/guardians regarding the behavior or performance of students. You must always refer any questions regarding students to the student's teacher or the Building Principal. If you need help with a student, discuss the matter professionally with the child's teacher or other designated school official. ***Before beginning service as a volunteer in our School District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below.***

1. I will not discuss with other, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in the school; nor will I disclose or permit to be disclosed, directly or indirectly, student education records, personally identifiable student information in such records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members and/or as authorized by administration.
2. The confidentiality of student information shall include, but not limited to, the following topics:
 - a. Academic standing (including student grades and test scores);
 - b. Attendance;
 - c. Financial Status;
 - d. Physical/Mental health identity and history;
 - e. Disciplinary status/records.
3. I further understand that, in accordance with the Family Education Rights and Privacy Act, "education records" (generally defined as "those records, files, documents, and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution") cannot be released, except as enumerated by law, without parent/guardian permission.
4. AS a volunteer, I understand that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school officials in accordance with applicable law.
5. While in possession and control of confidential student data, I understand that I must protect those documents from being viewed or obtained by non-authorized individuals.
6. I will never take any confidentials student data off campus unless authorized by the Building Principal or his/her designee.
7. Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the school administrator and/or staff member that supervises the volunteer.
8. I must report any breach or suspected breach in this confidentiality agreement to the Building Principal or his/her designee.

Volunteers in our School District shall perform tasks only under the supervision and guidance of appropriate staff, and are expected to comply with all District rules and regulations. Orientation and inservice training will be provided by appropriate staff to help ensure volunteer awareness of their duties, responsibilities, and expectations; and will stress the issues and importance of confidentiality of student information. Volunteers shall be given selected materials, including applicable Board policies and/or administrative regulations that address the role of the volunteer.

Violations of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her designee is responsible for decisions concerning continuation or discontinuation of a volunteer's activities.

Volunteer Confidentiality Agreement and Signature (required for all volunteers)

By signing below, I acknowledge that I have read, understand, and will comply with the Confidentiality Statement above.

Name of Volunteer

Signature of Volunteer

Date

Signature of Administrator

Date

This Confidential Agreement will be kept on file in the Main Office of the building to which the volunteer is assigned. A copy of the Agreement will be provided to the volunteer.

LAFAYETTE CENTRAL SCHOOL DISTRICT
APPLICATION FOR VOLUNTEERS AND NON-DISTRICT PERSONNEL

Personal Information

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone _____
(Home) (Work)

General: What Volunteer services are you willing to perform? _____

Employer List below your current and previous employers

Date, Month, Year	Name and Address of Employer	Position	Phone Number
From:			
To:			

Previous Employer

Date, Month, Year	Name and Address of Employer	Position	Phone Number
From:			
To:			

References List below three persons, not related to you, whom you have known at least one year.

Date, Month, Year	Name and Address of Employer	Position	Phone Number
From:			
To:			

Have you ever been convicted of a crime? (Felony or Misdemeanor) Yes No

If yes, please explain: _____

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Please indicate your availability for planned volunteer/non-district personnel activities:

Monday	Tuesday	Wednesday	Thursday	Friday

School Buildings for Activities: High School Grimshaw Onondaga Nation School

Volunteer Coaches:

Volunteer Coaches must have First Aid for Coaches, CPR, and AED training certificates. Please attach a copy of these certificates to your application.

Student Teachers:

If you are a student teacher, please indicate your host teacher's name: _____

Sponsoring College: _____

Student Teacher Supervisor (Name and Phone Number): _____

Computer Access Requested: None Network/Email Copier IEP Direct

Emergency Information In case of emergency, please notify:

 Name Address Phone Number

I have read and understood Regulation **3150R**, and also understand that while volunteering, I am solely covered under the District's liability policy as described in article #9 of the School Volunteer Regulation. My signature below permits the District to contact any or all references listed as deemed necessary.

 Signature Date

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Reviewed by _____ Date _____

Remarks: _____

Approved [] Not Approved [] Superintendent Signature: _____
